Chemist&Druggist
The Newsweekly for Pharmacy

C&D

8 September 2001

IMPORTANT INFORMATION
ABOUT GLUCOTREND PLUS

Test Strips Are Changing

Glucotrend Plus test strips are being replaced with Active Glucose test strips from 1st September 2001 and will not be reimbursable on Drug Tariff from 1st December 2001.

Glucotrend Plus test strips will no longer be available on prescription – doctors must begin to prescribe Active Glucose test strips from 1st September 2001.

New Active Glucose test strips are fully compatible with all Glucotrend meters and give a **fast 10 second test time.**

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BN7 1LG

Young adults ignore advice on medicines

DTI freezes Kodak's plan for ColourCare

Multiples map out new career pathways

Are you using the mosaic approach?

FOR THE FIRST TIME IN HER LIFE SHE'S GOT GUM DISEASE.

NO PRIZES FOR GUESSING WHICH MOUTHWASH HER PHARMACIST WILL THINK OF FIRST.

The launch of Corsodyl was a direct result of the discovery of chlorhexidine gluconate, and all of you know how effective this ingredient has been in the treatment of gum disease.

Today, Corsodyl remains the undisputed number one treatment because dental professiona trust it. Trust in a brand that's been treating gingivitis, managing recurrent ulcers, thrush a denture sore mouths for over 25 years. Trust in a brand that's available in wash, spray and gel formats. Trust in a brand that has a superior taste and a wider range of sizes, includin a 600ml bottle that contains a full month's treatment. Hardly surprising Corsodyl is the bra pharmacists, dentists and GPs think of first.

THE GOLD STANDARD

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chlorhexidine gluconate

Corsodyl. Use [illegible] treatment [illegible] healing [illegible] in the management of [illegible] Presentation. [illegible] Mint Mouthwa[illegible] chlorhexidine gluconate. Mouthwash. Clear pink solution containing [illegible].2% w/v chlorhexidine gluconate. Dental Gel [illegible] containing [illegible] w/w chlorhexidine gluconate. Dosage and Administration. Spray. Apply [illegible] and gingival surface and ulcers using up to 12 actuations of the spray twice daily. Mouthwash and Mint Mouth[illegible] with 10ml undiluted for one minute twice daily. Prior to dental surgery, rinse mouth [illegible] 10ml for one minute. Dental Gel. Brush the teeth with one inch of gel for one minute, once or twice daily. [illegible] candidal infections. Apply gel directly to sore areas. For gingivitis use for a month. For ulcers, oral candidal infections, use for 48 hours after clinical resolution. Contraindications. Previous hypersensitivity react[illegible] chlorhexidine. Such reactions are, however, extremely rare. Precautions. For oral use only, keep out of eyes and ears. Pregnancy and lactation. No adverse events have been reported, and no special precautio[illegible] commended. Side effects. Occasional irritative skin reactions. Extremely rarely, generalised allergic reactions to chlorhexidine. Superficial discolouration of the tongue, teeth and tooth-coloured restorations may [illegible] reversible. Transient taste disturbances and burning sensation of the tongue may occur on initial use of the mouthwash, usually diminishing with continued use. Occasional oral desquamation. Very occasional [illegible] swelling. Overdosage. Systemic effects are unlikely after accidental ingestion or overdosage, however gastric lavage may be advisable. Product Licence Numbers and Basic NHS Cost 'Corsodyl' Spray (0079/0311) 60m[illegible] £4.10 'Corsodyl' Mouthwash (0070/0313) 300ml (OP) £1.93 'Corsodyl' Mint Mouthwash (0079/0312) 300ml (OP) £1.93 600ml (OP) £3.85 'Corsodyl' Dental Gel (0079/0314) 50g (OP) £1.21 Legal Category P[illegible] of last revision June 1998 Licence Holder SmithKline Beecham Consumer Healthcare, Brentford TW8 9BD. 'Corsodyl' and 'Corsodyl the Gold Standard' are trademarks. *Source: IRI Data total market value sales [illegible]

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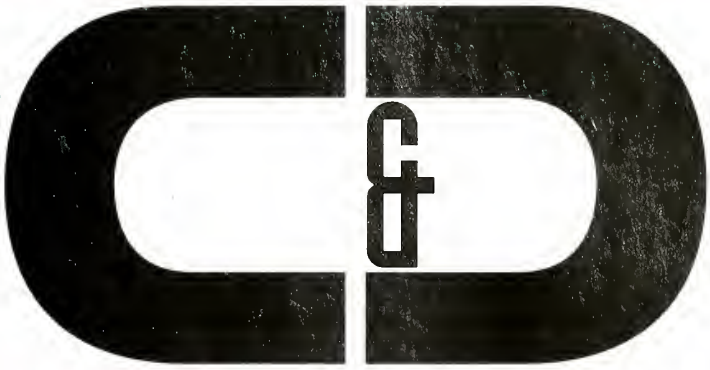

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RPSGB

Young adults not following advice

Adults aged between 18 and 39 are failing to take their medicines properly, a Royal Pharmaceutical Society survey has found.

Some 52 per cent of 18-39 year olds surveyed said they had stopped taking medication before the end of the prescribed course, and 30 per cent reported they had mixed alcohol and medication against directions.

The Society is using the survey to promote its latest campaign *Your Medicines Matter*. RPSGB vice president Gillian Hawksworth commented: "It is extremely important that we get the message through to young adults that taking medicines properly really does matter. Modern medicines are highly refined, scientifically engineered products, but they need to be used in the right way to be effective.

"The situation among 18 to 39 year olds is a cause for concern. Many people in this age group will be leading busy lives, but should still be making time to talk about the medicines they are taking with their pharmacist or GP."

Differences in the approaches to taking medicines were illustrated by one question asking whether people would take a medicine if they were confused about the instructions. While only 8 per cent of 40 to 59 year olds would take the medication anyway, and only 5 per cent of those aged 60 or over, 12 per cent of 18-39 year olds would not seek additional advice before taking their medicine.

The survey also found that 45 per cent of men would not always tell the pharmacist if they were taking any other medication. One in five of those surveyed said they did not always follow instructions.

For more information:

www.rpsgb.org.uk

PRACTICE

Pharmacists talk to elderly

Pharmacists in Wythenshawe, Manchester, are taking part in a pilot in which they give talks on medicines to groups of elderly people.

About six pharmacists from Boots and Lloydspharmacy are taking part in a scheme started by Withenshawe Partnership's Business in the Community, after research showed many older people were confused about when and how to take medication.

At the first session, one pharmacist gave a general talk on safety and side effects to residents in sheltered housing, then other pharmacists answered individuals' queries on a one-to-one basis. There will be three sessions in the M22 postcode area, to be assessed later this year. It is hoped that the scheme will be extended to M23.

Liz Reid, prescribing adviser, South Manchester Primary Care Trust, told *C&D* that independent pharmacists are also eligible to participate, but no funding is available. The multiples are giving their services free, under the Business in the Community scheme. When asked if the PCT was likely to fund the service in the future, she said it would depend on the results of the pilot.

Questiontime

The Department of Health has proposed three options for sourcing generics. Which one do you prefer?

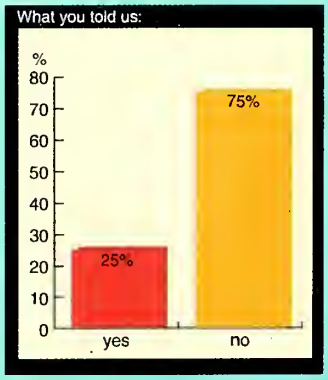
- Central purchasing (generic manufacturers tender for production contracts – the medicines would be sourced centrally by the NHS)
- Reference-pricing (Fixed NHS price set for each generic)
- Continue with current maximum price scheme
- Not sure

You can record your vote by downloading our website: *www.dotpharmacy.com*. On the home page you will find our QuestionTime panel. Click your choice and then click on the "vote" box. Your answer is automatically collated.

You have until 12.00am, September 11 to cast your vote. We will publish the result in *C&D September 15*.

The result will also be broadcast on dotPharmacy and our news service to AAH Point and IntraPharm.

Last week we asked you:
Do you support the Royal Pharmaceutical Society's decision to seek a 31 per cent increase in the retention fee to £186 next year?



EDUCATION

Lice advice promoted

Two new educational initiatives dealing with head lice have been launched by Warner Lambert Consumer Healthcare.

A protocol card for advising customers about treating head lic which is being issued to pharmacists, provides a step-by-step guide on questions to ask an recommendations to make.

A telephone information line, Liceline, is also being set up as part of the Lice Advisory Bureau along with a website for hairdressers who want informatic about detection and treatment of head lice.

The initiatives coincide with th results of a survey carried out on behalf of Lyclear Creme Rinse which found that one fifth of hairdressers can expect to see a case of head lice each month. Further, nearly all hairdressers surveyed (96 per cent) reported having seen a client with head lic at some point in their career, yet over half (53 per cent) had had little or no formal training on hea lice detection.

Almost two thirds of the 75 hairdressers surveyed recommended that a client with lice should go to the pharmacy or GP. While six out of 10 recommended clinically proven insecticidal treatments, 29 per ce recommended alternative treatments, such as tea tree oil, despite a lack of scientific eviden to prove their effectiveness, says WLCH.

Work is underway to review NVQ qualification standards for hairdressing to include information about head lice detection and treatment.

Copies of the lice protocol car are available from the Warner Lambert Advisory Bureau, whic can also supply copies of the ne information leaflet, *Having a Lousy Time*.

- Head lice is discussed in the hair and scalp feature (*p32-38*).

For more information:

www.headliceadvice.net
Liceline Tel: 020 7617 0817.
Warner Lambert Advisory Bureau
Tel: 02380 628274.

Don't forget: Chemex and the National Pharmaceutical Association Conference are taking place at ExCel, the gleaming new purpose-built exhibition and conference centre in London's Docklands, this weekend (September 9-10). The doors open at 10am each day, with Chemex running to 6pm on Sunday and 4pm on Monday. Admission to Chemex is free, while the £23.50 registration fee for the Conference, which takes place on Sunday only, includes refreshments and lunch. NPA members can register on the day for the Conference

Get a free training pack with this week's *C&D*

Nutricia is offering a free educational programme on nutritional supplements through this week's *C&D*.

The first 1,000 readers to return the questionnaire in this issue will be sent a set of CPP accredited training modules. Users will be registered with *C&D*'s telephone marking system and successful students will be issued with a certificate for seven hours' continuing education.

Each of the seven modules cover one of the following topics:

- bone health
- brain and eye development
- general wellbeing
- gut health
- men's health
- pregnancy
- women's health.

Additional questionnaires are available from Amanda Smith on 01225 711866.

Identifying suitable nurse prescribers

Nurses should only be nominated for training for independent prescribing where it would provide most benefit for patients, says the Department of Health.

NHS and GP employers of nurses are being asked to identify nurse candidates (including midwives and health visitors) suitable for places on the centrally-funded preparatory courses.

Extension to nurse prescribing was announced in May (*C&D, May 12, p5*).

Nurses nominated for independent prescribing training should be willing and able to undertake it and have an opportunity to prescribe afterwards.

Identifying Nurses for Extended Nurse Prescribing Preparation in England also lists the criteria that nurses must fulfil before being selected.

Before nominating nurses for independent prescribing GPs, or NHS employers, should also consider whether nurses may become involved in supplementary (dependent) prescribing. This will be developed during 2002 so nurses, and other health professionals including pharmacists, will be able to help doctors manage more complex conditions.

Supplementary prescribers will be able to prescribe for patients who have been assessed by a doctor and had a treatment plan decided, with the discretion to alter dosage, frequency and active ingredient of medication within the plan.

Nurses who supply medication under patient group directions may offer more convenient patient care through this route than through independent prescribing.

For more information:
www.doh.gov.uk/nurseprescribing/identifying

New inspector appointed

Joe Gault, a member of the Pharmaceutical Society of Northern Ireland's Council, has joined the chief pharmacists' inspection team at the Department of Health, Social Security & Public Safety.

Joe Gault: new post

Mr Gault, who has been on the Council for four years, is resigning to take up the new post.

For the past year, he has been on secondment to the Department as co-ordinator for the introduction of the pharmacy-based needle exchange scheme.

Mr Gault will report to the principal pharmaceutical officer and misuse of drugs inspector Dr Michael Mawhinney.

ABPI Compendium on CD-ROM

The *ABPI Medicines Compendium* is now available on CD-ROM. It is priced at £195 for a single user, including quarterly updates.

The What's New section will provide a quick reference to changes and additions to SPCs between updates. The CD-ROM can be used within intranets, networks and on stand-alone PCs.

It can be ordered from the Pharmaceutical Press on 01491 829272 or by post from *Medicines Compendium* (VHN), c/o Pharmaceutical Press, Wallingford, Oxon OX10 8DE.

Cornwall LPC launches website

The Cornwall & Isles of Scilly Local Pharmaceutical Committee has launched a website at *www.cornish-lpc.net*. The site has information on pharmacies offering oxygen therapy and syringe/needle exchanges, and on public interest topics. There is a password controlled-section for pharmacy contractors.

For more information:
E-mail: *hopkin@netcomuk.co.uk*

New warning for iron tablet labels

A new warning label for dietary iron supplements has been recommended by the Committee on Safety of Medicines.

The packaging of licensed dosage forms of oral iron supplements is to be amended to contain the words: "Warning: contains iron. Keep out of the reach and sight of children, as overdose may be fatal." The warning should appear in a box.

The CSM points out that solid dose dietary iron supplements account for about 2-3 per cent of hospital admissions for accidental overdose in children up to four years old.

While fewer than 10 ferrous sulphate tablets 200mg (equivalent to 65mg of elemental iron) can be fatal, fatalities are exceedingly rare, it adds. In small children, a dose of 20mg/kg of elemental iron may cause illness and 600mg may be fatal to a toddler weighing less than 10kg.

Health professionals are being asked to remind parents and carers of young children of the potential toxic effects of iron and to remind them to keep preparations out of reach and out of the sight of children.

For more information:

www.doh.gov.uk

Current Problems in Pharmacovigilance, August 30, 2001. Vol 27; 9-16.

MEDICINES

Calpol dose change

New packs of Calpol containing additional dosage instructions ar due to filter through to pharmac in the next four to six weeks.

This follows Medicines Contr Agency approval in February for the use of a second dose of paracetamol suspension for treatment of post-immunisation symptoms in children from two months.

Warner Lambert's SPC for Calpol now says: "A (oral) 2.5ml (60mg) dose is suitable for babies who develop post-vaccination fever at two months, followed, if necessary, by a second dose four six hours later."

The Warner Lambert Advisor Bureau will be providing update information leaflets about vaccination for pharmacists and parents. To obtain the free leaflet telephone 02380 628 274.

SSL International's Medinol and Novartis' Tixymol are not changing their packs and Goldshield's Infadrops is reviewing its plans. Reckitt Benckiser had yet to disclose its plans for Disprol as *C&D* went t press.

For more information:

Warner Lambert Consumer.
Tel: 023 8064 1400.

RPSGB

See modern artist's work

The Royal Pharmaceutical Society museum is to host its first ever showing of contemporary art with the work of artist Michelle Charles.

"Secret Remedies" contains paintings and photograms "inspired" by the collection in the RPSGB's museum and will run from October 12 to January 4, 2002. It is supported by the Wellcome Trust.

"Much of Charles' work has focused on images of everyday objects and their inherent relationship to the human body," says the Society. "Since 1998, one of her sources has been objects and ideas found among the collections of the museum."

On November 17, Ms Charles will be giving an illustrated public lecture and leading a discussion on how some of the pieces in the exhibition were made. Two workshops for schools will also be held.

For more information:

www.rpsgb.org.uk
Tel: 020 7572 2210.

MEDICINES

Fears about gingko refuted by CRN

The Council for Responsible Nutrition has defended gingko as safe after an American study reported contamination with colchicine.

Howard Petty and colleagues at Wayne State University, Detroit, found colchicine in five samples of placental blood taken routinely from 24 pregnant women. Further investigation revealed that the women had been taking gingko biloba, which is contra-indicated in pregnancy and lactation.

When researchers tested a popular gingko supplement at a local pharmacy, they found it contained colchicine, which can cause birth defects. But they declined to name the brand.

"It would be premature to generalise this to all manufacturers," said Mr Petty.

A CRN spokesman said colchicine does not occur naturally in gingko. Analysis of five gingko sources in the USA, by three different methods, failed to find any trace of colchicine. The American Herbal Products Association, which is analysing finished gingko products, has so far failed to find one containing the alkaloid.

Dr Richard Kingston, PROSAR International Poison Center and the University of Minnesota, said that the levels of colchicine reported in the study would, if accurate, "be incompatible with life for the fetus and the mother".

MEDICINES

Move to restrict antibiotics

The Veterinary Medicines Directorate wants to restrict the use of antibiotics in animals in order to reduce resistance to them in humans.

The VMD says drugs essential for the treatment of serious disease in humans and for which there is no alternative, should only be authorised for animal use "with utmost care".

Other proposals include:

- making all antimicrobials for therapeutic and prophylactic use in livestock Prescription Only Medicines
- that coccidiostats with antibacterial activity and which are used for human or veterinary medicine should not be licensed for growth enhancing purposes.

Send comments to Dr Kay Goodyer, VMD, Woodham Lane, New Haw, Addlestone, Surrey, by October 31.

For more information:

www.vmd.gov.uk.

This month's Update question paper enclosed

Enclosed in this week's issue is the questionnaire for Pharmacy Update modules carried in August:

- Parkinson's Disease 1208
- Malaria 1209
- Blood and lymph 1210

Pharmacy Update is a distanc learning programme accredited by the College of Pharmacy Practice. Previous modules can be obtained by using the faxbac service on 08705 441188 or accessing the dotPharmacy website at: *www.dotpharmacy.com.*

The Pharmacy Update multiple choice questionnaire and telephone marking service are supported by Genus Pharmaceuticals.

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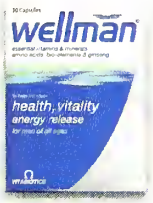

Specially for men

Specially for women

Heart & circulation

Joints

Pregnancy & breast-feeding

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Osteocare® is the UK's leading calcium supplement, and is more advanced with additional bone-strengthening nutrients like boron and copper. Modern new packaging highlights Osteocare's support of the *National Osteoporosis Society*, and we'll be making sure it's leaping off your shelves too, with a major new advertising campaign featuring the *English National Ballet*.

Perfectil® advances your customer's beauty regime with a unique combination that's recommended by *Premier* – the leading model agency representing some of the biggest international stars of the business.

Wellman® has been boosted with stylish new packaging, and is the choice of many professional sports teams including *Premier League* football clubs. It's ideal for sportsmen and executives with a hectic lifestyle.

Wellwoman® has been launched in conjunction with *She magazine* and both Cardioace and Jointace are now approved by *BUPA*.

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DOUBLE

WWHAM-Y

New, pharmacy only, double strength (10% ibuprofen) gel.

Product information. Nurofen Gel Maximum Strength: Gel for topical administration containing ibuprofen 10%w/w. **Indications:** For the relief of pain and inflammation associated with backache, non-serious arthritic conditions, rheumatic and muscular pain, sprains, strains, sports injuries and neuralgia. **Dosage:** Adults, the elderly and children over 14 years: Squeeze 2 to 5cm of the gel (50 to 125mg ibuprofen) from the tube and lightly rub into the affected area until absorbed. The maximum number of applications of 5cm gel in any 24 hours is four. Wash hands after each application. The dose should not be repeated more frequently than every four hours. Do not exceed the stated dose. Review treatment after 2 weeks, especially if the symptoms worsen or persist. Children under 14 years: Do not use on children under 14 years of age except on the advice of a doctor. **Precautions and Warnings:** Apply with gentle massage only. Avoid contact with eyes, mucous membranes and inflamed or broken skin. Discontinue if rash develops. Hands should be washed immediately after use. Not for use with occlusive dressings. The label will state: Do not exceed the stated dose. Keep out of the reach of children. For external use only. If symptoms persist consult your doctor or pharmacist. Do not use if you are allergic to ibuprofen or any of the ingredients, aspirin or any other painkillers. Consult your doctor before use if you are taking aspirin or any other pain relieving medication, you are pregnant. Not recommended for children under 14 years. **Side Effects:** Hypersensitivity reactions have been reported following treatment with ibuprofen. These may consist of a) non-specific allergic reaction and anaphylaxis, b) respira tract reactivity comprising of asthma, aggravated asth bronchospasm or dyspnoea, or c) assorted skin disor including rashes of various types, pruritis, urticaria, pur angiodema and less commonly, bullous dermatoses (inclu epidermal necrolysis and erythema multiforme). Ga intestinal: abdominal pain, dyspepsia. **Product Lice Number:** PL 10972/0082. **Licence Holder:** Goldsh Group PLC (trading style: Goldshield Pharmaceutic NLA Tower, 12-16 Addiscombe Road, Croydon CR0 **Legal Category:** P. **Price:** MRRP £5.25. **Date of prepara** June 2001. Distributed by Crookes Healthcare Limited, Nottingham, NG2 3AA. NU295.

CROOKES HEALTHCA

British Pharmaceutical Students' Association delegates attending the IPSF congress in Egypt had the opportunity to visit the pyramids at Giza. Pictured from left are: Joanna Hallatt, Amy Chan, Barbro Erikson (from Norway but currently working at Guy's & St Thomas' Hospital, London), Mary Jobling, and Sean McAteer (EPSA president)

Towards global pharmacy

Six British pharmacy students and young pharmacists took part in the 47th annual International Pharmaceutical Students' Federation congress in Egypt last month. Joanna Hallett, former BPSA treasurer and student exchange officer, reports.

"Pharmacy is the canary in the coal mine of health professionals" as it is predictive of trends that will occur in allied professions, proposed Dr Zubin Austin, co-ordinator in pharmacy practice at the Faculty of Pharmacy, University of Toronto, Canada.

Prof Austin was discussing the effects of globalisation on pharmacy. "Global pharmacy" comprises four fundamental features, he said: corporatisation, technologisation, majoritisation and consumerism. These features illustrate the differing ways in which globalisation affects pharmacy. The control of pharmacies by non-pharmacist supervisors is indicative of corporatisation, or a movement away from the individual towards collectives. Technologisation is typified by the quicker transfer of information, which may decrease the importance of the pharmacist, as information becomes more readily available.

Majoritisation means globalisation is sold to the population as a result of its benefits for the majority.

However, majoritisation does not take account of the needs of the few. In terms of pharmacy, this principle is illustrated by medication in HIV and AIDS. When it was a mainly African problem research remained under-resourced. It was only when HIV became significant in developed nations that research began, he said.

Consumerism in the pharmacy context means that consumption becomes the focus; patients are no longer viewed as individuals of the wider community but as consumers of pharmaceutical services. Consequently, pharmacies need to tailor their services to the consumer's aspirations, but always within existing legislative frameworks.

Setting standards

Kay Stewart from Victorian College of Pharmacy, Melbourne, Australia said that the satisfactory resolution of major issues was integral to achieving the status of "global pharmacist". These include setting international educational, competency, registration and disciplinary standards, standards of pharmaceutical care and the standardisation of drug laws.

Avanthi Govinder, a South African delegate, commented: "Globalisation is a means of guaranteeing everybody in the world a minimum standard of pharmaceutical care."

However, as one of the Egyptian delegates highlighted: "The most difficult aspect of globalisation is who sets the standards."

Although some progress has been made in producing a framework of standards, for example a committee has been established to explore managed mutual recognition among Australia, Canada, New Zealand and the USA, the goal of a truly global pharmacist is yet to be realised.

Promotion

Lindsay McClure, the IPSF president 2000–2001 and ex-BPSA executive member, has been given an honorary life membership to the Federation for her dedicated service. Ms McClure will continue to serve on the Federation as a member of the financial committee.

This year's educational forum was devoted to "Education involving interdisciplinary teams", and discussed how to bring the skills of specialised healthcare professionals together to serve the needs of patients.

Professor Ian Bates, of the University of London, and Dr Catherine Duggan, director of the academic department of Pharmacy at Barts, discussed the importance of creating teams where individual areas of expertise were retained, but members understood that cross-disciplinary co-operation was essential for patient care.

Results of cannabis trial 'promising'

Cannabis spray, delivered under the tongue, is proving to be a simple and effective analgesic, researchers told the British Association Festival of Science in Glasgow this week.

Trials in 23 patients have shown that the standardised cannabis extracts can produce high quality pain relief, symptom control and improvement in quality of life without significant side effects. Dr William Notcutt, consultant anaesthetist, James Paget Hospital, Great Yarmouth, told the meeting that most of the patients showed some benefit from the spray. It is being developed in conjunction with GW Pharmaceuticals, which said a prescription version could be available by 2003.

Dr Elizabeth Williamson, senior lecturer in pharmacognosy, University of London School of Pharmacy, has found that most multiple sclerosis patients prefer the effect of the whole cannabis plant, rather than extracts of tetrahydrocannabinol (THC), which produces a "high".

Children to get free toothpaste

Health visitors will be giving one million children free packs containing a toothbrush and toothpaste as part of a campaign to improve dental health.

The 21 health authorities with the highest levels of dental decay will be targeted, with the packs being distributed at the usual health checks at eight months, 18 months and three years. The health visitors will also be demonstrating correct toothbrushing techniques and giving talks on oral health in nurseries and playgroups.

The scheme is part of the Government's dental health strategy which sets a 2003 target for reducing tooth decay to an average of no more than one decayed, missing or filled tooth in five year olds, and 70 per cent of five year olds having no tooth decay at all.

For more information:
www.doh.gov.uk/dental/strategy

DTI delays Kodak expansion plan

Alan Johnson, minister of the Department of Trade and Industry, has referred Kodak's proposed acquisition of ColourCare to the Competition Commission.

Kodak wants to buy ColourCare's photoprocessing and printing businesses – its price has not been disclosed. ColourCare conditionally agreed to the proposed deal in June.

The Commission will study how the acquisition could affect the public interest, including the market for developing and printing photographs.

Kodak Ltd in the UK is Eastman Kodak Co's largest overseas subsidiary. Based in Hemel Hempstead, the company's facilities include a nationwide network of seven processing laboratories.

ColourCare claims to be the country's biggest independent photoprocessor. It also has seven processing laboratories in Livingston, Leeds, Walsall, Newmarket, Neath, Salisbury and Bangor (County Down). It claims to service more retailers than any other photoprocessor – it has a particularly strong presence in the pharmacy market.

The Commission will report to the Secretary of State for Trade and Industry by November 26. Its report will be published later.

For more information:
www.competition-commission.org.uk.

INDUSTRY

Intercare rides generic storm

Intercare's pre-tax profits leapt 9. per cent to £9.1 million as it bega to consolidate its recent investments, which include last year's acquisition of Martindale Pharmaceuticals.

The group, which manufacture specialist pharmaceuticals and distributes generics/PIs, said Martindale's contribution "exceeded expectations".

Intercare's operating profits nearly doubled to £10.7m, 57 per cent of which stemmed from Martindale. The group's turnove rose 13 per cent to £101.3m.

For more information:
www.intercareplc.co.uk.

Reckitt lifts sales target

Reckitt Benckiser has revised its full year financial targets after posting its half year results. Net revenues from continuing operations rose 7 per cent – at constant exchange rates – to £1,658 million, while its operating profit grew 12 per cent to £232m.

RB now wants to increase its year-end sales by 6 per cent; the previous target was 5 per cent. It is aiming for a net income increase of around 18 per cent.

Its health and personal care sales, meanwhile, grew 8 per cent to £209m during the first half. The best selling categories were depilatories and antiseptics.

For more information:
www.reckitt.com.

P&G seeks to end spying scandal

Procter & Gamble is locked in talks with Unilever to avoid being sued after P&G employees were found to have spied on Unilever's haircare activities in Chicago.

P&G has blamed the spying on "rogue operatives", but it admits the methods the employees used breached its own rules. Private detectives were employed to sift through Unilever's rubbish bins for confidential information, and posed as market researchers to question Unilever's staff.

P&G chairman John Pepper reportedly went to London last week to personally apologise to Unilever's chairman Niall Fitzgerald.

The company has returned more than 80 documents to Unilever, which is believed to be demanding that P&G should also delay certain product launches and hand over its haircare plans for the next few years to an independent audit to confirm the plans do not use confidential data.

P&G has said it would not use any of the information it gathered from Unilever.

Unilever is understood to want compensation of between £7 million and £17m.

Corporate spying varies in scale from buying competitors' products and analysing their ingredients to bugging offices.

INDUSTRY

Bioglan may issue bonds

Bioglan Pharma could issue convertible bonds to help fund its proposed £531 million acquisitio of Bristol Myers Squibb's dermatological business.

The option, according to reports, may be favoured by Bioglan's newly-appointed broke Goldman Sachs, which took over after broker ABN Amro resigned.

Issuing a convertible bond would allow Bioglan to pay a relatively low level of interest. However, the company has said tl reports are speculation.It has also denied rumours that chairman an chief executive Terry Sadler is under pressure to split the roles.

Bioglan's shares rose 10.5p to 216.5p last Friday, following the appointment of Goldman. They closed at 217.5p on Monday.

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INDUSTRY

Direct deliveries scrapped by SSL

SSL International is to scrap direct deliveries to pharmacies and will distribute through pharmaceutical wholesalers instead.

Direct deliveries will stop from October 1, so pharmacists will have to place orders from their preferred wholesaler after that.

SSL said the switch followed a comprehensive review of its direct deliveries to pharmacies. In a letter to pharmacists it says: "... this change is a direct result of our wish to offer a service level that is consistently high and reliable to a very important sector of our market."

The company points out that:

- pharmacists will keep the same discounts they received from their SSL rep
- SSL will handle and invoice direct to pharmacists Superdeal deliveries for Meltus/Mero, where orders have already been placed
- SSL will also deliver and invoice direct all footwear orders already placed for this season.

The company is also reviewing the distribution arrangements for Scholl footwear.

For more information:
Tel: 0161 654 3000.

ComingEvents

SEPTEMBER 9 –10
Chemex exhibition and the National Pharmaceutical Association's autumn conference
at Excel, London Docklands. Further information from David Morgan on 01732 377256.

SEPTEMBER 16-18
The British Institute of Regulatory Affairs
An Introduction to Biotechnology at the University of Warwick. Further information on 020 7538 9502.

SEPTEMBER 17
Economic and Managerial Issues in Designing LPS Pilots
A one-day workshop at the Winterhill Conference Centre, Milton Keynes. Further information on 01908 671137 or *www.medrn.co.uk*

SEPTEMBER 18
Managerial and Economic Issues in Running Medicines Management Projects
A one-day workshop at the Winterhill Conference Centre, Milton Keynes. Further information on 01908 671137 or *www.medm.co.uk*

SEPTEMBER 19
United Kingdom Clinical Pharmacy Association's Critical Care Group meeting
Sepsis: Advances in treatment and management at St Thomas' Hospital, London.
Further information on0116 277 6999 or *www.ukcpa.org.*

WHOLESALERS

Phoenix in move to set up pharmacy discussion groups

Phoenix Medical Supplies will be setting up local discussion committees next year to exchange ideas with pharmacists.

It has provisional plans to set up around eight committees, consisting of eight to 12 pharmacists. These will probably meet a couple of times a year.

The move follows Numark's decision at the beginning of last year to take ownership of the Numark regional committees, which also consisted of pharmacists and were operated by Numark wholesalers to discuss relevant issues.

David Cole, PMS's commercial director, said that move left PMS without a useful tool for talking regularly with its customers.

"The two main points about our committees are that they're not a one-off, and they involve a two-way dialogue," he said.

As an early part of this process Sandy Young, PMS's chief executive, has been visiting key customers to discuss the future of retail pharmacy and to find out what pharmacists would like PMS to offer as their first line wholesaler.

He has also told pharmacists not to dwell on past problems with its service because it has now been improved. "Undoubtedly, we have been through a tricky patch, but the worst is now behind us and I wanted to thank as many customers as I could for their support," he said.

PMS, meanwhile, has invested around £250,000 to improve its wholesale depot in Derby.

New sections have been fitted to the depot's picking line to make it faster and more accurate, the areas for products coming into and flowing out of the depot have been changed, and a new storage system has been installed.

Independent pharmacists, from left: Alan Wilson, Barry Wilson, Richard Dean, Sandy Young, chief executive of Phoenix Medical Supplies, and pharmacists Richard Else, Jim Donnelly and Martin Wilson, after a meeting

In brief

Ceuta to market two more GSK brands

Ceuta Healthcare has been given a contract to market two more GlaxoSmithKline brands: Setlers Wind-Eze and Nytol, both ex-Stafford Miller products.

The brands will be marketed by Ceuta's Pharma Consumer Care division, which already markets Glaxo Wellcome OTCs: Zantac 75, Zovirax and Beconase.

Ceuta's contract for all of GSK's brands will run until the end of December. GSK will then decide whether its own sales force will handle them. The sales force is currently being reorganised – details will be revealed later this year.

Pharmacy sales reveal strong growth

Pharmacists were one of the better performing retail groups as August retail sales recorded their biggest rise for nearly five years. The Confederation of British Industry's latest distributive trades survey says a balance of 51 per cent of pharmacies saw higher sales in August, whereas the majority of pharmacy respondents had seen lower sales during the same period last year. Grocers had the biggest increase in sales. The survey says overall retail sales are significantly above average for this time of year, although retailers are expecting the growth to slow in September.

New MD for Munro

Donald Munro, who founded Glasgow-based Munro Wholesale Medical Supplies 42 years ago, has stepped down as managing director but will remain as chairman. Mr Munro said he would still play an active role in the company. John Cochrane (pictured above), its export director, has been promoted to managing director.

B4BTV is free

The plasma screen advertising service B4BTV is offering pharmacists will be free. B4BTV will pay pharmacists for the service – the amount will depend on the size of the pharmacy and its turnover.

FIGHT BACK AGAINST FOOD ATTACK

Many of your customers are fighting battles with their food several times a day, suffering repeated attacks of heartburn and indigestion. No sooner has a short-term remedy taken effect, than the battle starts all over again.

When food turns foe, how can you help them win the war? Recommend a more efficient treatment plan, one that makes sense for your customers and your pharmacy.

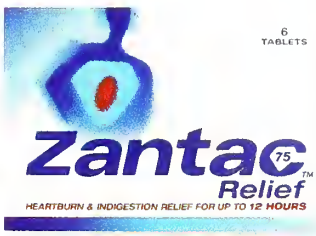
Recommend Zantac 75, a long lasting remedy for everyday indigestion and heartburn. It works quickly to provide up to 12 hours relief from a single tablet and is simple, palatable and convenient. With your advice, your customers can control their symptoms effectively, whether they're at home, at work or out and about. With Zantac 75 there's no need for repeated consumption of chalky tablets, chewable pastilles or liquid suspensions.

Sustained action with Zantac 75 also helps your customers avoid sleep disturbance due to excess acid-related symptoms – night-long relief is not achievable with antacids.[1] And in contrast to the alginates, Zantac 75 is not dependent on an upright body position for its effectiveness.[2]

Zantac 75 is a modern answer for frequent attacks of heartburn and indigestion, since it gets to the root cause of the symptoms. That is why it can be recommended not just for treatment but prevention of excess acid disorders, allowing your customers to get on with life without associated pain and discomfort.

Customers seeking conventional remedies for immediate relief can choose to benefit from a longer lasting remedy, by self selecting Zantac 75 Relief in the pharmacy or by following your recommendation for Zantac 75.

So the next time a customer comes under repeated food attack, call out the Home Guard. Recommend Zantac 75 or Zantac 75 Relief.



ranitidine (as HCl)

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Product information
Presentation Zantac 75 Relief, Zantac 75: each tablet contains 75mg ranitidine. **Uses** Zantac 75 Relief: Symptomatic relief of heartburn, indigestion, acid indigestion and hyperacidity. Zantac 75: Symptomatic relief of heartburn, indigestion, acid indigestion and hyperacidity and prevention of heartburn, indigestion, acid indigestion and hyperacidity associated with consuming food and drink. **Dosage and Administration** Zantac 75 Relief: Adults and children aged 16 and over, one tablet. No more than two tablets should be taken in any 24-hour period. Zantac 75: Adults and children aged 16 and over, one tablet. For prevention of heartburn and indigestion associated with food and drink, one tablet half to one hour before eating or drinking. No more than four tablets should be taken in any 24-hour period. **Contraindications** Hypersensitivity. **Precautions** Treatment should be restricted to maximum of 6 days (Zantac 75 Relief) or 14 days (Zantac 75) continuous use at any one time. Patients should contact their doctor if their symptoms do not improve after 6 days (Zantac 75 Relief) or 14 days (Zantac 75) continuous treatment. Should not be taken by the following groups of patients unless under medical supervision: those with difficulty swallowing, persistent stomach pain or unintended weight loss; those middle aged or older with new or recently changed symptoms of indigestion; during pregnancy or in those trying to become pregnant, or breast feeding; those taking NSAIDs or with a history of porphyria. **Side Effects** Generally well tolerated. Rarely headaches, dizziness, confusion, depression, hallucinations, involuntary movement disorders, changes in liver function tests, hepatitis, jaundice, acute pancreatitis, leucopenia, thrombocytopenia, agranulocytosis, pancytopenia, marrow hypoplasia, aplasia, hypersensitivity reactions, bradycardia, A-V block, skin rash, vasculitis, alopecia, muscuioskeletal symptoms, impotence and breast swelling/discomfort in men. See SPCs for further details. **Legal Category** Zantac 75 Relief: GSL. Zantac 75: P. **Retail Selling Price** (ex VAT) Zantac 75 Relief: Zantac 6s £1.69, Zantac 12s £3.31. Zantac 75: Zantac 24s £5.95. **Product Licence Number** Zantac 75 Relief: PL 10949/0313. Zantac 75: PL 10949/0223. **Licence Holder** Glaxo Wellcome UK Limited, Stockley Park West, Uxbridge, Middlesex, UB11 1BT. Further information available on request from: Medical & Consumer Affairs, GlaxoSmithKline Consumer Healthcare, Wallis House, Great West Road, Brentford TW8 9BD, UK. **Date of preparation** May 2001.
ZANTAC 75 RELIEF and ZANTAC 75 are trademarks of the GlaxoSmithKline Group of Companies. © GlaxoSmithKline, 2001.

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1. Johansson KE et al. Scand J Gastroenterol 1986;21:487-492.
2. Mandel KG et al. Aliment Pharmacol Ther 2000;14:669-690.

GlaxoSmithKline

Comment
from the Editor

The Department of Health has been quick to deny any suggestion that central purchasing is its preferred option for the future supply of generic medicines (*see p20*). Taking issue with the views of Bharat Shah, speaking on behalf of the British Association of Generic Distributors, the head of the DoH's Medicines Pharmacy and Industry Division, Andrew McKeon, also points out that while the discussion period ends on October 22, ministers will consult further before acting.

When they do, they should be aware that any decision they make will have a direct effect on the viability of pharmacy businesses. In theory pharmacy contractors are reimbursed directly for the cost of the drugs they supply. This fiction does not hold true for generics and everyone knows it, hence the discount clawback.

Generic medicines account for nearly 50 per cent by volume of all prescriptions dispensed in the community. The net ingredient cost (NIC) in 1999-2000 amounted to some £1 billion. NHS receipts account for over 70 per cent of turnover for most pharmacies. Remuneration has been going down steadily in real terms since 1987 and now generates gross profits of around 13.8 per cent. By properly apportioning reasonable salary and overhead expenses to time spent on NHS services many pharmacies can all too easily draw up a profit and loss account which shows a net loss.

Uncovenanted profits from discounts on generics have offset this. The DoH wants transparency, and a central thrust of its proposals is to wipe out this grey area. Contractors know that if their "generic margin" goes, greater pressure will be put on their bottom line. This fact must be recognised in the labyrinthine remuneration system. Perhaps it is time the DoH started talking about what it has in mind for the new contract and how it will pay for pharmacy services in the future.

Contractors know that if their "generic margin" goes, greater pressure will be put on their bottom line

Yourviews

Martin Bennett, secretary of Sheffield LPC, warns against temporary pharmacy closures

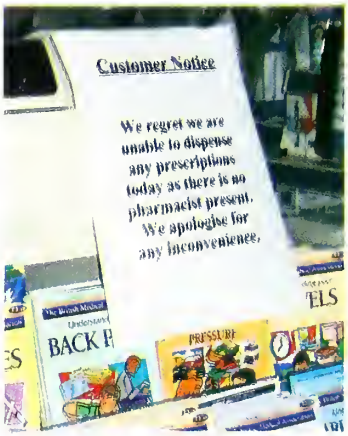
A disaster waiting to happen

As a recent news item in *C&D* revealed, some pharmacies are having to close temporarily due to the inability to arrange for locum cover *(C&D August 18, p4)*. While this is something I have come across locally, I was unaware that it was a national problem.

I have had phone calls informing me that certain pharmacies have been unable to open because no pharmacist had been available, with Saturday mornings proving to be a particularly difficult time.

I recently received a call at 9pm on a Friday evening from a semi-retired pharmacist. He had been contacted by a distraught shop assistant from the pharmacy he once owned. She had just been called at home by the new owners – a pharmacy multiple – and told not to open the pharmacy the following day, as no locum was available.

Aware that ten clients would be arriving on the Saturday morning to take supervised methadone and to collect their Sunday dose, she was concerned. The pharmacist had a locum engagement the following morning but agreed to a notice being placed in the pharmacy window informing patients he would be there between 1.30 and 2.30pm.



A potentially nasty situation was averted, but it is only a matter of time before disaster strikes. A drug addict denied his methadone could overdose on heroin. A diabetic calling to collect insulin he is owed may end up in a coma. Patients expecting to receive prescriptions collected from the surgery are left high and dry.

Faced with pharmacies that cannot maintain their contracted hours of service, how will primary care trusts and health authorities respond? Such situations are unlikely to give them the confidence to pursue the extended role functions envisaged in *Pharmacy in the Future*.

Currently, the problem seems to be confined largely to multiple pharmacies, but the repercussions could affect everyone. There is a need for contractors, health authorities and LPCs to agree how to cope with the shortage of pharmacists.

Certain pharmacies in each PCT could be designated "key" where a service is guaranteed to be maintained, even if it means bringing in staff from other pharmacies nearby.

Everyone should be clear that their opening hours are contracted with their health authority. Failure to keep to them places contractors in breach of their terms of service and facing possible disciplinary action.

If your pharmacy has to close on odd days because no pharmacist is present, then you have an ethical duty to think carefully before accepting instalment prescriptions for Controlled Drugs, and put in place contingency plans to allow "owings" and other items to be collected from another pharmac

HOSPITAL REPORT

Where is NHS pay going?

August has come and gone without sight of the much-heralded document *Agenda For Change*, the Government's attempt to revamp the NHS pay structure.

The original document, published in 1999, signalled the intention to remove the inequities of the current system and replace it with ways of rewarding staff appropriately while at the same time being robust enough to withstand any equal pay claims.

Central to this is an NHS job evaluation exercise, ensuring everyone doing the same job is paid the same. This is a reversal of the local pay schemes introduced under the last Tory Government. None of the existing job evaluation schemes proved up to the task, so a new scheme was devised by the Department of Health and the health unions. So far, only around 320 jobs out of the 500 or so investigated have been benchmarked.

The BMA refuses to link its pay review body with any other...

An even bigger problem has yet to be overcome, though. Central to the whole concept is that the end result will comprise two Pay Review Bodies (PRBs) and one Negotiating Forum. Salaries for doctors and dentists will be decided in one PRB and those for most other health professionals in the other. The remaining staff will have their pay decided in the Negotiating Forum. The three bodies would be linked.

But the British Medical Association is refusing to consider a link between its PRB and anything else, making it difficult for the unions to sell an unlinked system to their members.

Will the Department of Health take on the BMA and force the issue? Can it afford not to? Wager, anyone?

Contributed by a senior hospital pharmacist

TOPICAL REFLECTIONS

I like it, but be careful with those cartoons!

As usual last week I opened my *C&D* at the most important page and there it was – gone! *C&D* has undergone a makeover and what a change!

I am now honoured to be placed opposite to the Comment of my illustrious Editor and, assuming that there is nothing personal in the cartoon which now graces my column, I am humbly pleased that we are now both central to the journal.

In the new order, news takes precedence over opinion and that is as it should be. It is the reader who should first form an opinion and then read the wisdom of others, not the other way around.

The layout has also changed, with more modern graphics and even greater use of colour. Each section is now easily identified by its own swathe of colour across the top of the page so it is now much easier to turn to that which most interests you or, for that matter, much easier to ignore that which does not!

A necessary makeover, or change for its own sake? That is for each reader to decide but I like it and, as the Editor said, having spent all that money on finding out what we all want it would be discourteous of him to ignore it!

An NRT experiment that is bound to fail

I can understand the Cancer Research Campaign's desire to encourage people to stop smoking, but I am surprised that this enthusiasm has stretched to selling NiQuitin CQ patches from its charity shops (*C&D September 1, p4*).

However, I predict that the initiative will fail. This is not sour grapes, but a reasoned response based on an analysis of my sales of nicotine replacement therapy since such products became available on FP10. Since April my sales of all patches have plunged to almost zero, whereas the sale of gum is still increasing. It seems that my local doctors perceive that patches are the only product which can provide a sufficiently elegant and controllable result to deserve prescribing, even if they are inappropriate for many patients.

The result is that those who prefer the "prn" effect of gum are still buying over the counter, whereas most patch sales come via a prescription. If the Cancer Research Campaign succeeds where I have failed then they should not despair. They can always refer to me for counselling!

CPD means time and that has to be recognised in our contract

I am in no doubt that Marshall Davies, President of the Royal Pharmaceutical Society, is right when he says that it is essential that all pharmacists demonstrate a continuing competence to practice (*C&D Interview, September 1*).

I agree that the chasm that exists between the present perverse payment system for community pharmacists and that necessary to encourage better practice has to be bridged, and soon.

But in all this talk of quality of service, incentives and contract changes, one of my main concerns is the time and remuneration involved. The question of time rarely enters the equation, but it is probably the major factor that makes me resent the prospect of ever more academic training and, in particular, mandatory continuing professional development.

I know that many doctors and their staff are being funded to attend continuing education courses in a manner that allows them to close their surgeries for maybe one half day every month. This is working time for which they are financially compensated but is a system that has never been contemplated for pharmacy.

However, for the pharmacy of the future I consider that an equivalent, pharmacy-friendly system should be an essential feature of any new contract. I already work an average 55 hour week. However willing the spirit might be to devote additional time to CPD, the mind is too tired to cope!

When opportunity co

The growth in the number of pharmacies owned by the multiple chains offers increasing opportunities for employee pharmacists to take on different roles. Simon Hulme, operations director at Moss Pharmacy and Steve Howard, director of training and development at Gehe UK, explain

Training, professional service development, marketing, operations, field management, personnel and information technology are some of the roles now undertaken by pharmacists working for Lloydspharmacy. The company also employs nine teacher-practitioners, who divide their time between a school of pharmacy and a branch.

"There are many more career paths open to pharmacists now than there were 10 years ago," says Steve Howard. "However, we mustn't overlook the fact that community pharmacy practice can be extremely satisfying. It's about finding the right branch for you – where you can be part of the community and develop services.

"Professionally, the NHS plan is a golden opportunity for pharmacists to be involved in developing the local healthcare agenda." This could include working with primary care organisations or involvement in medicines management projects.

With Moss, there are two basic routes out of the dispensary for pharmacists who want to do something different: working as an area manager or in professional services.

"The skills acquired as an area manager can be used in different roles in other parts of the business," says Simon Hulme.

"Typically, an area manager will spend three to five years in the role and after that we hope people will use the skills acquired in different areas."

In Moss Pharmacy a number of people in senior positions and two of the board of directors are pharmacists and have been area managers. Other pharmacists are now working in marketing, buying, and business development, while a few have gone to work abroad with Alliance UniChem Retail International.

"The NHS plan has made us refocus on developing services at a local level. Professional services managers work with the area managers. Additionally, there are professional service pharmacists who might be working for the health authority on either a secondment or sessional basis," says Mr Hulme.

"As an organisation we're not looking for stereotypes," says Mr Howard "but the essential qualities that a pharmacist should have include professional integrity, honesty and a commitment to the profession and pharmacy.

"... the NHS plan is a golden opportunity for pharmacists to be involved in developing the local healthcare agenda"

The skills acquired as an area manager can be steps to a new direction fo pharmacists who want to do something different

"We also need people who relate well to people at different levels, for example doctors and patients," he adds.

He thinks pharmacists should be caring, with a positive attitude to life, hardworking – physically and intellectually – as well as being resilient and adaptable.

"Communication is a key skill. Also being able to influence and motivate people and be assertive," adds Mr Howard.

Mr Hulme agrees: "The fundamental part of the job of an area manager is being able to communicate effectively. Area managers also need to be financially astute."

Mr Hulme doesn't believe that additional qualifications are necessary, but pharmacists should be commercially-minded, with a good professional focus.

All area managers are pharmacists in Moss Pharmacy. "I still believe passionately that's the right way and this will become more important as the NHS plan evolves and pharmacists get involved with primary care organisations," says Mr Hulme.

He adds that pharmacists thinking about an area manager role should be organised "on ever level" and be able to plan and manage their own time. "These things are very important," he says. They should also be good team workers.

Both companies provide financial support for pharmacists to undertake additional qualifications, but are they worth the effort?

"They can be," says Mr Howar " but what pharmacists need to do is to sit down and work out why they want to do it. Ask themselves 'What am I going to do with this ? 'How am I going to apply this one I've finished?' There is no value in studying for a post-graduate qualification if you're not going to use it afterwards."

"There is also a range of opportunities outside pharmacy from which to transfer skills. For example, being on a committee of a sporting club or a voluntary organisation," says Mr Howard.

"Pharmacists need to identify what they want to do and make it known within the company." In Lloydspharmacy there are annual performance reviews which are an opportunity to set objectives, identify development needs and career aspirations. "Ask yourself what am I motivated by? What

s knocking

sort of role would best suit me? And be prepared to develop new skills," Mr Howard says.

"Pharmacists should tell their area manager, informally and at appraisal, what their aspirations are," says Mr Hulme. He also advises them to be prepared to do the "stretching things", for example offering to be an area support pharmacist or helping to book locums.

"The advantages of roles such as area manager are diversity and satisfaction," says Mr Hulme. "In a large organisation you get the chance to see different aspects of the business Obviously enhanced roles have an enhanced salary, but the biggest advantage is the general management skills you learn."

"Advantages and disadvantages are very individual," says Mr Howard. "In my present role there is not much opportunity to practice pharmacy but that might be an advantage for some people."

"Experience is relevant but personal ability is the key criteria, not the length of service," says Mr Hulme. However, he believes more experienced, older pharmacists and people who have worked for other companies have got "other things to bring to the table".

"Some things do become easier with age," he adds.

"Motivation, enthusiasm, the ability to develop skills and adapt to change is just as important as experience," agrees Mr Howard.

Mr Howard and Mr Hulme both agree that continuing professional development is key, especially to those who want to advance their careers.

"CPD is essential for maintenance and improvement of services," says Mr Howard. "But pharmacists need to understand the concept of CPD as a continuous improvement model rather than simply thinking about hours of continuing education. I see the CPD model as a spiral, not a circle, because inevitably you'll be moving forward and upward, not coming back to the same place," he says.

Simon Hulme

Simon Hulme joined Moss in 1983 as a pre-registration student. After qualifying and managing several branches he was appointed area manager in 1990. In 1993 he was made regional executive for the south of England and then head of field operations. Mr Hulme was made operations director in July 2000. His responsibilities are to implement Moss Pharmacy's professional and retail strategies at branch level through the regional field management teams and to ensure newly acquired pharmacies are integrated effectively and efficiently into the company.

Steve Howard

Steve Howard completed his pre-registration year in hospital and spent a year working as a resident clinical pharmacist before joining Lloyds Chemist in 1985.

In 1989 Mr Howard was appointed Pre-registration Education Officer and then in 1992 was made pharmacy training manager for the Lloyds Chemist Group.

Following the acquisition of Lloyds by GEHE Mr Howard became group training manager. In 1999 he was appointed director of training and development for GEHE.

Mr Howard is also a Fellow of the Chartered Institute of Personnel and Development, a member of the Institute of Pharmacy Management, a member of the Association of Neurolinguistic Programming and an associate member of the College of Pharmacy Practice.

LEAP INTO ACTION, REACH FOR

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Motilium 10. To sort your stomach out

Further information is available from Johnson & Johnson MSD CONSUMER PHARMACEUTICALS

Enterprise House, Station Road, Loudwater, High Wycombe, Buckinghamshire HP10 9UF
Motilium 10 is indicated for nausea and other stomach discomfort such as fullness, heaviness and bloating after meals. Leg. Category: P

Use the mouse to make it

Now there is a new way for busy pharmacists to obtain specials with the launch of BCM Specials' internet ordering service. Available 24 hours a day, 7 days a week, it allows you to order from our database of over 30,000 specials at a time that's convenient for you. Simply fill in the order request form and we'll do the rest for you.

You can be sure of a swift response, so why not use the mouse to make it and visit us at www.bcm-specials.co.uk

BCM Specials-putting your patient first.

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Yourviews

Please e-mail your views to chemdrug@cmpinformation.com

Treatment Notes reference misleading

I write in response to the *Xrayser* article *CA blunders with Treatment Notes* published in *C&D August 25, p7*

This suggests that the *Treatment Notes* leaflet, *Medicines To Help You Stop Smoking*, "totally ignores the contribution that community pharmacy can provide in extra support to customers". It also suggests that, with regards to community pharmacists, the leaflet "hardly acknowledges that as professionals they even exist".

In reality, these comments are at odds with the text of the leaflet, which does mention pharmacists, particularly as sources of information about support for people attempting to quit. The leaflet also refers people to trained advisors, which would include pharmacists as well as any other appropriately qualified healthcare professional.

Treatment Notes does not set out to champion the role of particular groups of healthcare professionals. The publication offers independent, realistic treatment advice and is intended to be used by any healthcare professional wh thinks it is relevant to their patients.

Every issue of *Treatment Notes* represents the original *Drug and Therapeutics Bulletin* article upon which it was based. During draft stages, each leaflet is circulated to a broad range of commentators (including both specialist and generalist healthcare professionals), as well as patient representatives. Where relevant, this includes community pharmacists, as it did in the case o *Medicines To Help You Stop Smoking*.

We are grateful that the letter brings to our attention an error in the costs quoted for nicotine patches in our leaflet. We will revise this immediately.

Emily Sowter
Editor, Treatment Notes

DoH still considering options for generics

Readers of the September 1 issue of *C&D* and your report on the Avicenna Conference *(p8)* might be forgiven for being left confused about the Government's intentions regarding future arrangements for generic medicines.

Contrary to the headline, the Department of Health does not favour central purchasing for generics. The Government's discussion paper makes clear that we are at the stage of considering options and have not reached any decisions about the way forward. We also made this point very clear in our meeting with the British Association of Generic Distributors.

Contrary to the report, the Department will not reveal its long-term plans on October 22. That date marks the end of the discussion period on future arrangements. Ministers will then consider views put to them before reaching a decision on their preferred option. They will then consult further.

The report is also inaccurate in its presentation of the tendering option. The discussion paper doe not suggest that tenders for suppl of generics could be split into different geographical areas. Nor would tendered-for product be supplied to pharmacies at nil cost

The proposal is that pharmacie would pay the tender price plus a distribution margin and then be reimbursed.

Finally, the report implies that community pharmacy is not fully involved in discussion of the proposals. Lord Hunt, the Health Minister, met representatives of the PSNC, the NPA and the CCA on the launch date of the proposals to invite their views.

The contribution of all those with knowledge of the supply chain is essential to the debate an we look forward to hearing community pharmacy's views.

AJ McKeon
Head of Medicines Pharmacy and Industry Division, Department of Health

MAKE STOMACHS HAPPY

Heartburn and indigestion relief that...

GOES TO WORK IN 2 MINUTES...

... AND LASTS FOR UP TO 12 HOURS

pcidtwo is a new generation antacid for heartburn and acid indigestion symptoms that's both fast and long lasting, ensuring mediate relief that lasts all day or night. Its unique combination of antacids and an acid balancer means that excess acid is neutralised d in two minutes and can stay balanced for up to twelve hours. As well as this, it's convenient too, because just one tasty chewable blet is all that's needed. So recommend Pepcidtwo and put a smile on your customer's stomachs.

nly Pepcidtwo works in two minutes and lasts for twelve hours.

NTIAL INFORMATION Product Name: PEPCIDTWO, chewable tablet. Presentation: Rose coloured, round, flat chewable tablet containing famotidine 10mg, magnesium hydroxide 165mg, [illegible] g. Uses: Short-term symptomatic relief of heartburn, acid indigestion or excess acid symptoms. Dosage and Administration: Adults and Adolescents over 16 years old: Chew one tablet [illegible] when symptoms occur, [illegible] ore than 2 tablets to be taken in 24 hours. The maximum continuous treatment period is 6 days. Patients should not purchase a second pack without the advice of a pharmacist or doctor. Contraindications: Hypersensitivity e active substances or any of the excipients. Medical advice should be sought in case of moderate or severe renal failure, severe hepatic impairment, patients with any other illness or taking any other medications. [illegible] or older patients with digestive troubles occurring for the first time or if these symptoms have recently changed, patients with unintended weight loss associated with dyspeptic symptoms. Precautions: Patients should [illegible] cal advice in case of difficulty swallowing or persistent abdominal discomfort or if taking non-steroidal anti-inflammatory drugs, especially the elderly. As Pepcidtwo ins sucrose and lactose, patients with fructose intolerance, glucose-galactose malabsorption syndrome, sucrase-isomaltase deficiency, lactase insufficiency or tosaemia should not take this medicine. Side Effects: headache, nausea, diarrhoea, dizziness, nervousness, flatulence, eructation, dry mouth, thirst, paraesthesia, minal distension, abdominal pain and taste perversion. Legal category: GSL. PL Number: PL 13249/0029. PL Holder: Johnson & Johnson MSD Consumer [illegible] 53.85. Date of Preparation: May 2001.

Johnson & Johnson MSD
CONSUMER PHARMACEUTICALS

Downturn on the cards

Consumer spending remained strong throughout the spring and early summer, and is expected to rise by 3.2 per cent over 2001.

But the high street, which accounts for about a third of all household purchases, may lose some of its sparkle next year. According to a new forecast, total consumer outlay will slow to an annual rate of 2.9 per cent.

Official figures point to a 1.6 per cent rise in the value of consumer expenditure during the second quarter of this year, and a 5.4 per cent increase compared with the same time in 2000.

Remove the impact of inflation and these figures translate into volume growth of 1.2 per cent in the latest quarter, and a year-on-year increase of 3.7 per cent – up from an annual rate of 3.3 per cent in the first quarter of 2001.

Pharmacists benefited from year-on-year growth every month from April to July, says the CBI.

Its survey evidence is that after weak business growth in March, pharmacists' annual sales rebounded in April, and gained additional strength in May when almost two-thirds of businesses reported higher volumes than a year earlier.

The most recent polls reveal that sales growth remained strong thereafter, with 23 per cent and 44 per cent of chemists reporting annual growth in June and July respectively.

The British Retail Consortium confirms the buoyant trading conditions in July. "Another storming month for toiletries" is recorded, with travel and suncare goods, and men's toiletries selling particularly well.

The abolition of resale price maintenance produced increased OTC sales during June, according to the BRC, and this was accompanied by "good demand for most cosmetic and toiletry products".

The average price of chemists' goods measured by official statisticians was 0.3 per cent higher in July than a year earlier, while retail prices overall climbed by 1.6 per cent.

Retail price inflation in the second quarter was stronger than had been expected – at an average 2.3 per cent – which mainly reflected sharp food price rises.

The Bank of England expects underlying inflation, which excludes mortgage interest costs, to remain around current levels in the short term, but to fall back later this year and through the first half of 2002, before edging up again towards the Government's 2.5 per cent target.

Further back in the supply chain, inflationary pressures are also relatively subdued, although until July manufacturers' input costs had been rising faster overall than their output prices.

In the year to July, factory gate prices of toiletries were up by 0.7 per cent and pharmaceutical preparations were 1.4 per cent more expensive.

Some 74 per cent of pharmaceutical and consumer chemicals manufacturers told a recent CBI poll that they expect orders for the domestic market to be booked at lower prices during the coming months. Only 23 per cent expect a reduction in unit manufacturing costs.

The same survey reveals that 9 per cent of these manufacturers expect output volumes to rise during the next four months, thanks to a small increase in domestic market demand but unchanged levels of exports.

Official estimates reveal vigorous output growth for the second quarter of 2002 compared with the same period last year. Makers of pharmaceutical preparations saw total sales to UK and overseas markets increase by 6.8 per cent, and demand for perfumes and toiletries increase by 8.4 per cent.

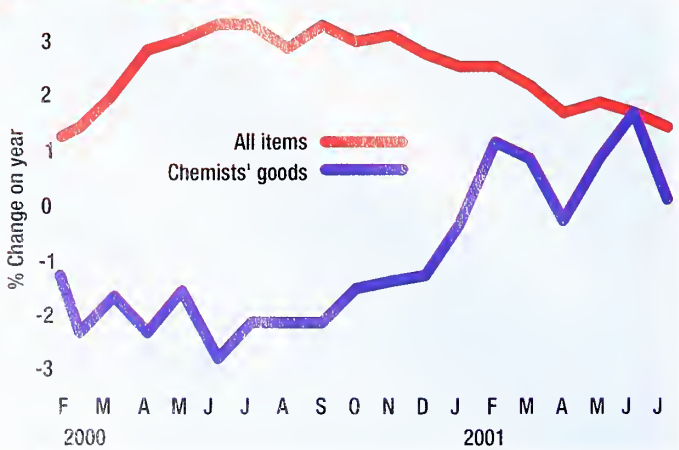
And in contrast to the export problems of most sectors of manufacturing, British makers of perfumery and cosmetics achieved a 17.6 per cent annual increase, to £261 million, in exports to the European Union during the first quarter of this year.

But EU firms saw a marginally more robust growth in their sales to the UK, with shipments up by 18.3 per cent, to £177m.

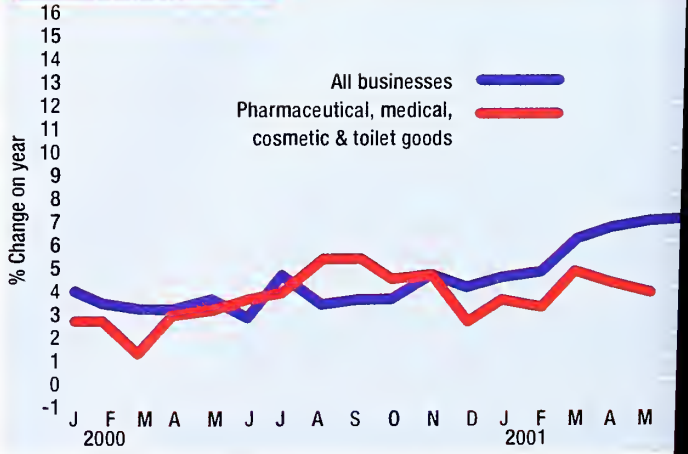
	Latest	% change on previous period	% change on previous 3 periods	% change on year
PRICES AND COSTS				
Retail prices (Jul 1987 = 100)				
All items	Jul	-0.6	0.1	1.6
Chemist's goods	Jul	-0.6	0.2	0.3
Producer prices (1990 = 100)				
Manufacturing industry, excl food	Jul	0.0	0.0	0.2
Chemical industry	Jul	-0.2	-0.4	0.5
Pharmaceuticals	Jul	0.0	0.7	1.4
Perfumes & toilet preps	Jul	0.0	-0.1	0.7
Lip & eye make-up preparations	Jul	0.0	0.0	2.6
Dental & oral hygiene preps	Jul	0.0	0.0	1.2
Shaving preps, deodorants	Jul	0.4	0.1	-3.1
Adhesive dressings	Jul	-0.4	-0.4	15.8
Average earnings (Jul 1990 = 100)				
Whole economy	Jun	1.3	-4.0	4.9
Chemicals, chemical products	Jun	0.2	0.5	4.5
OUTPUT (1990 = 100)				
Chemicals, man-made fibres	Q2	1.1	1.9	3.8
Pharmaceutical products	Q2	1.3	6.8	6.6
Perfumes, cosmetics, toiletries	Q2	3.8	8.2	8.4
SALES				
Consumer expenditure (current prices)				
Total, £bn	Q2	1.2	2.5	3.7
Retail sales (value, 1990 = 100)				
All retail businesses	Jul	0.2	1.3	6.8
Chemists	Jun	0.0	7.1	1.7
OTHER BUSINESS INDICATORS				
Consumer credit – net lending (£m)	Jun	1.4	4.3	9.3
Unfilled vacancies ('000)	Jul	4.0	14.6	22.4
Claimant unemployment (%)	Jul	-1.3	-3.0	-11.3

Sources: Central Statistical Office, Department of Employment

RETAIL PRICES



RETAIL SALES



In the third article in our physiology series, *Famz Farhan*, visiting lecturer in pharmacy, King's College, London, describes the functions of blood and its different components

Blood components

Objectives

- To understand the functions of plasma, erythrocytes, leucocytes and platelets
- To understand clotting mechanisms
- To be aware of different blood disorders and how they develop

Blood is a life-giving, viscous fluid that is transported through a closed network of blood vessels by the pumping action of the heart.

The blood volume varies from person to person and depends on their size, but is around 70ml/kg body weight. An average adult male weighing 70kg has about five litres of blood.

Oxygenated blood is bright red in colour but changes to a dark colour as it becomes deoxygenated. The colour is due to the haem pigment in haemoglobin.

When blood is centrifuged, it separates into its different components: plasma (about 55 per cent) is the top layer; leucocytes and platelets form the middle layer (less than 1 per cent); and erythrocytes form the lower layer (around 45 per cent). This lower layer is called the haematocrit.

Functions of blood

The circulating blood serves three essential functions: transport, regulation and protection.

Transport

The blood distributes oxygen from the lungs to all tissues of the body. The blood also transports nutrients and electrolytes around the body, carrying them from the gut or the body stores.

At the same time, waste products from cell metabolism are transported from the cells to specialist organs for elimination. For example, the lungs excrete carbon dioxide; the kidneys remove excess water, acid, electrolytes and urea, while the liver can remove blood pigments, hormones and some drugs.

Regulation

The blood acts as a buffer system to maintain the normal body pH of 7.4. It regulates the amount of fluid in the tissues by using blood proteins to maintain the required osmotic pressure.

Blood also helps regulate body temperature by transporting the heat generated by muscles to other parts of the body.

Protection

Blood carries the cells and antibodies involved in immunity. Platelets carried in the blood also help to protect the body against blood loss as a result of injury.

The main components of blood are:

- plasma
- erythrocytes
- leucocytes
- platelets

Plasma

About half of blood is composed of plasma. Plasma itself is more than 90 per cent water; the rest is composed of dissolved or suspended substances, the majority of which are proteins.

Other substances transported in the plasma include vitamins, hormones, waste products and drugs.

Proteins

Proteins are too big to cross the capillary walls into the tissue spaces in large amounts. They therefore help to maintain the osmotic pressure of the blood, encouraging the passage of water from the tissue fluid into the blood.

Albumin, synthesised in the liver, makes up 60 per cent of the proteins in the plasma, although it is considered to contribute up to

Continued on page 22 ▶

BSIP, Veronique Estiot/Science Photo Library

Red blood cells – erythrocytes – are biconcave disc-shaped cells that transport oxygen to body cells and remove carbon dioxide. White cells – leucocytes – are part of the immune system. Platelets – thrombocytes – are active in blood coagulation

Continued from page 21

80 per cent of the osmotic pressure.

Plasma proteins are also involved in mopping up hydrogen ions and so contribute to the blood's buffering system.

The other proteins are clotting factors involved in blood coagulation; antibodies which are produced by the leucocytes to combat infections; and complement enzymes which aid the action of antibodies.

Nutrients

Glucose, amino acids and lipids in the diet are absorbed through the gut into the bloodstream (in the case of lipids, initially via the lymph system) and taken to different parts of the body for metabolism or storage.

Glucose is stored mainly in the liver as glycogen, where it is converted back to glucose for energy when needed.

Electrolytes

The main electrolytes in the plasma are the chloride, carbonate or phosphate salts of sodium, potassium, calcium and magnesium.

The salts are involved in many physiological processes, including bone formation, hormone production and the maintenance of acid-base balance.

Erythrocytes

A mature erythrocyte, or red blood cell, is a biconcave disc with no nucleus. It is 7.5 microns in diameter and 2 microns thick at the edges.

The unique shape allows a high surface area to volume ratio and facilitates the diffusion of oxygen and carbon dioxide across the membrane. The cells are flexible, allowing them to squeeze through narrow capillaries. The red blood cell count is about 5.4 million/mm^3 of blood in men and 4.8 million/mm^3 in women.

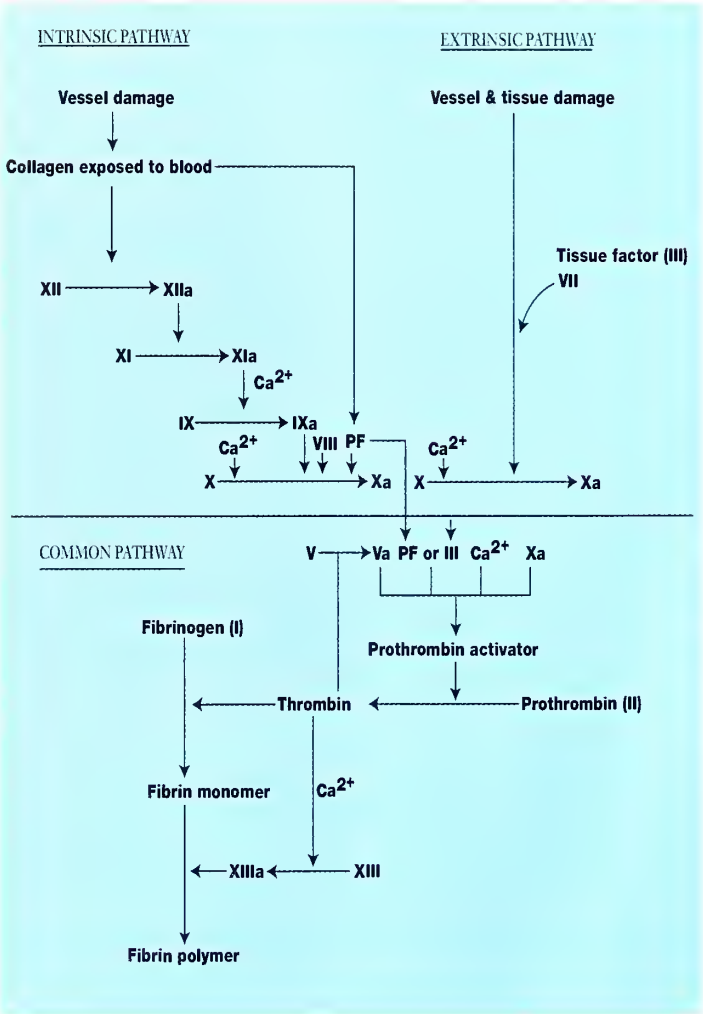
The function of erythrocytes is primarily to transport gases in the blood. The gases are bound to the haemoglobin found in each cell. Haemoglobin consists of one globin unit and four haem units. The globin is made of four amino acid chains which form four pockets for each haem molecule to sit in. Each haem unit binds to one molecule of oxygen. Haemoglobin allows the blood to carry more oxygen than if it were simply dissolved in the plasma.

When erythrocytes reach the lungs, oxygen is taken up and loosely bound to the iron in the haem to form oxyhaemoglobin (HbO_2). When the cells reach the oxygen-deprived tissues, oxygen is released by the iron and diffuses out of the cell into the plasma and into the tissue cells.

At the same time, carbon dioxide diffuses out of the tissue cells and plasma and into the red blood cells where it becomes bound to globin to form carbaminohaemoglobin ($HbCO_2$). When the red blood cells return to the lungs, the carbon dioxide is released into the plasma where it diffuses into the alveoli and is expelled in the breath.

The air pollutant carbon monoxide can bind to haemoglobin in place of oxygen to form carboxyhaemoglobin. This can restrict the supply of oxygen to tissues.

Haemoglobin has a lesser but important function. When it is not carrying oxygen, haemoglobin can carry hydrogen ions. This allows it to act as a buffer and maintain the acid-base balance (pH) of the blood. If there is too much bound hydrogen, the blood can appear blue through the skin, a condition called cyanosis.



The clotting cascade is started when blood is exposed to collagen in a damaged blood vessel wall, or factor III and VII in damaged tissue

Blood groups

A person's blood group refers to the antigen or antigens that are present on the surface of red blood cells.

Two antigens may be present, A or B, and consequently four main blood groups have been identified: A, B, AB or O. In someone with blood group O the red blood cells have no antigens. There are subgroups of A and AB.

The blood group is determined by heredity, and different populations have a different predominance of blood groups. The most frequent blood groups in the UK are O, followed by A.

In a blood transfusion, the correct blood group must be matched, but in an emergency type O blood can be given to anyone, as it lacks antigens.

Another red cell antigen is present in about 85 per cent of the UK population. These people are referred to as rhesus-positive.

Antibodies are only produced when a rhesus-negative person comes into contact with rhesus-positive blood, for example a rhesus-negative mother carrying a rhesus-positive foetus.

In a subsequent pregnancy, the mother's anti-rhesus antibodies may attack the foetus' red blood cells.

Erythropoiesis

The production of red blood cells (erythropoiesis) is stimulated by the hormone erythropoietin, which is released by the kidneys in response to a decrease in oxygen supply.

The erythrocytes are produced in stem cells in the bone marrow of the sternum, vertebrae, ribs, femur, humerus and pelvis. These cells go through several differentiation stages until they form reticulocytes.

Reticulocytes lose their nucleus before leaving the bones, and develop into mature erythrocytes

Distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, *C&D*'s readers can self-test their learning from this module by using the multiple choice question (MCQ) paper to be inserted in the October 13 issue.

The MCQ paper for August modules will be enclosed in next week's *C&D*, and will cover:

- **Parkinson's disease (1208)**
- **Malaria prophylaxis (1209)**
- **Blood and lymphatic circulation (1210)**

A faxback service for these modules and associated MCQs operates on 0891 444791 (premium rates apply).

A telephone marking service offers independent verification of results – details appear on the monthly MCQ paper.

CD in association with GENUS PHARMACEUTICALS

once they are released into the blood stream.

Each mature RBC lasts for 120 days, after which it is taken out of circulation and destroyed by macrophages in the liver, spleen and bone marrow. Haemoglobin is broken down into haemosiderin (which is re-used to make haemoglobin), bilirubin (which is secreted in bile) and globin.

Haemostasis

Platelets or thrombocytes, formed in the bone marrow, are around 4 microns in diameter with a lifespan of five to nine days. There are 150,000-400,000 platelets per mm^3 of blood. They are not cells but rather fragments of cells.

The main function of platelets is in blood clotting (haemostasis), which guards against excessive blood loss through injury. Three mechanisms are involved in haemostasis: vasoconstriction, formation of a platelet plug, and clotting or coagulation:

- **Vasoconstriction**

When a blood vessel is ruptured, the smooth muscles of the vessel walls contract to reduce the blood flow and blood loss.

- **Platelet plug**

When collagen in a blood vessel is exposed as a result of damage, platelets respond by sticking together and forming a temporary plug to seal the wound. The platelets then release chemicals that trigger the clotting process.

- **Clotting**

The clotting pathway is composed of 12 different factors. The final step is the conversion of the plasma protein fibrinogen into solid threads of fibrin which form the clot *(see cascade diagram)*.

The extrinsic pathway is a rapid pathway. It produces prothrombin activator within seconds of a trauma. Factor III, which triggers this pathway, is present in cell walls and is released when blood mixes with damaged tissue.

The intrinsic pathway can take several minutes to produce the prothrombin activator and is initiated by interaction between collagen in the damaged vessels and the blood and the release of platelet factor (PF).

Leucocytes

Leucocytes, or white blood cells, come in a range of shapes and sizes, each with specific physiological functions. There are around 5,000-10,000 leucocytes per mm^3 of blood. The cells come under two groups, the granular and agranular leucocytes, which refer to their appearance.

The granular leucocytes are further divided into:

- Neutrophils – the most abundant of the leucocytes (54-62 per cent) and are involved in phagocytosis (engulfing and destruction of pathogens).
- Eosinophils – constitute 1-3 per cent of total leucocytes and defend the body against parasites through the allergic reaction.
- Basophils – constitute less than 1 per cent of leucocytes and are involved in inflammatory and allergic reactions.

The agranular leucocytes are divided into:

Continued on page 24 ▶

Nutritional anaemia

Nutritional anaemia can result from a deficiency in the diet of iron, vitamin C, vitamin B12 and folic acid.

The deficiency can also be due to impaired absorption of these nutrients from the gut, or from drugs that interfere with the use of these nutrients in the body.

Deficiencies can normally be remedied by diet or taking supplements.

The diet needs to be rich in iron as it is poorly absorbed from the intestine. The best dietary source is red meat as the iron is more readily absorbed from it than from other vegetable or bran sources.

Vitamin C aids the absorption of iron from the gut, while vitamin B12 and folate are needed for the maturation of red blood cells.

TAKE A SECOND BITE OF THE MARKET WITH NEW BLACK CHERRY STREPSILS EXTRA.

After the success of Blackcurrant flavour Strepsils Extra, we've got something new for you, Black Cherry flavour. Strepsils Extra contain Hexylresorcinol, an active antiseptic agent with a gentle local anaesthetic effect to fight infection and soothe away pain. Add to that a premium price, and you'll also notice the extra in your pocket.

Product Information: **Description:** Strepsils Extra Blackcurrant and Strepsils Extra Black Cherry. **Content:** Throat Lozenge containing Hexylresorcinol B.P. 2.4mg. **Indications:** As an antiseptic and local anaesthetic for the relief of sore throat and its associated pain. **Dosage:** Adults and Children over 6 years: one lozenge to be dissolved slowly in the mouth every three hours as required. Do not take more than 12 lozenges in 24 hours. **Contraindications:** Hypersensitivity to any of the ingredients, or intolerance to Carbohydrate. Children under 6 years of age. **Precautions:** If symptoms persist or result your doctor. **Undesirable effects:** Occasional allergic reactions. **Legal Classification:** GSL. **Licence Holder:** Ernest Jackson & Co Ltd, Devon, EX17 3AP. **Licence Number:** Blackcurrant PL 0094/0018; Black Cherry PL 0094/0038. **Price:** £2.39 for 24 lozenges. **Date of preparation:** August 2001. Further information is available from Crookes Healthcare Limited, Nottingham NG2 3AA.

CROOKES HEALTHCARE

Continued from page 23

- Lymphocytes – the second most abundant of the leucocytes (25-38 per cent) and are divided into T-cells and B-cells.
- Monocytes – around 3-7 per cent of leucocytes; they use phagocytosis to defend against pathogens.

(The role of leucocytes in the body's immune system will be covered in the next article in this series on immune mechanisms.)

Blood abnormalities

Abnormalities of the blood can be divided into anaemias, leukaemias and clotting disorders.

Anaemia

This refers to abnormally low levels of haemoglobin or red blood cells, and impaired oxygen transport to the tissues. It can result from excessive loss or destruction of erythrocytes, or from impaired production of erythrocytes or haemoglobin.

Apart from haemorrhage, red blood cells can be lost through excessive destruction by the liver and spleen, a condition called haemolytic anaemia. The cells are destroyed because they are abnormal or have abnormal haemoglobin.

Haemolytic anaemia can result from a number of factors, including blood transfusion, auto-immune conditions, infections such as malaria, and inherited diseases such as sickle cell anaemia and beta thalassaemia.

Impaired production of erythrocytes or haemoglobin can be due to a number of causes. Nutritional anaemia is caused by deficiency of iron, vitamin C, vitamin B12 and folic acid. Deficiency of vitamin B12 is called pernicious anaemia. Megaloblastic anaemia results from the deficiency of vitamin B12 and folic acid and results in the failure of red blood cells to mature.

Aplastic anaemia is caused by the suppression or failure of the bone marrow to produce red blood cells and is triggered by toxins and drugs such as phenytoin, gold compounds and arsenic, or by physical agents such as x-rays and radiation. Bone marrow can also be suppressed by some diseases such as cancer, kidney or liver disorders and rheumatoid arthritis.

Leukaemia

Leukaemia is a neoplastic blood disease. Cancer of the bone marrow or lymphoid tissue leads to an over-proliferation of white blood cells which are immature and cannot perform their function. At the same time they crowd out other blood cells.

Lymphoid leukaemia has its origins in abnormalities of the lymphoid tissue, while myeloid or non-lymphoid leukaemia originates from tumours of the bone marrow. Symptoms include anaemia and a tendency to bleed because of the reduction in erythrocytes and platelets.

Clotting disorders

Clotting disorders disrupt the coagulation mechanism and result in abnormal bleeding.

Haemophilia is a hereditary disorder where there is a deficiency of the clotting chemical Factor VIII. A less common form of haemophilia has a deficiency of Factor IX. Purpuras are characterised by the spontaneous appearance of bruises, even in the absence of injury. It results from leakage of blood from the capillaries into the tissues.

Thrombocytopenia is a reduction in the number of platelets in the blood and may be a result of medication, bone marrow abnormalities or disorders of the liver which cause greater destruction of these cells.

Actionplan

1. Revise the drugs that are used to modify the clotting of blood (not as side actions). Make a list of them in your practice workbook, together with information/advice you would give to patients receiving them for the first time. Pay particular attention to those used for the prevention of strokes/coronary circulation problems.
2. List in your practice workbook five conditions that involve blood function problems. Note how they are treated, especially any drug treatment. Also note common symptoms which might alert you to the condition and enable you to offer suitable advice (usually referral is required).
3. Can you recognise, from your PMRs, any patients with blood disorders? If so, note their medication, what condition they suffer from and their prognosis. Do not include patients taking aspirin/warfarin/clopidogrel/dipyridamole etc prophylactically.
4. The article refers to electrolytes in blood. Try to find out which diseases affect these and what symptoms result if the electrolyte balance is disturbed.

Febrile seizures and vaccination

Children who have received the diphtheria, tetanus and pertussis (DTP) vaccine, or the measles, mumps and rubella (MMR) vaccine have an increased risk of febrile seizures, according to an article in *The New England Journal of Medicine*.

The Vaccine Safety Datalink project was a cohort study that calculated the relative risks of febrile and non-febrile seizures in 679,942 children after 340,386 DTP vaccinations and 137,457 MMR vaccines.

The DTP vaccine was associated with an increased risk of febrile seizures on the day of vaccination only, while the risk of febrile seizures following MMR was highest eight to 14 days after administration. Neither vaccine was associated with an increased risk of non-febrile seizures.

The number of febrile seizure per 100,000 children was estimated to be six to nine for the DTP vaccine and 25 to 34 for the MMR vaccine.

Children who had febrile seizures following vaccination were not found to have a higher risk of subsequent seizures or neurodevelopment disabilities such as epilepsy compared to children who had febrile seizures not associated with vaccination.

The authors of the study comment that a small increase in the risk of seizures following vaccination should not obscure the benefits of vaccination in reducing childhood morbidity.

For more information:

N Engl J Med 2001;345:656-661

COX-2s might cause cardiovascular problems...

A paper in the *Journal of the American Medical Association* has raised concerns about the risk of cardiovascular events with selective cyclo-oxygenase 2 inhibitors.

Results from the Vioxx Gastrointestinal Outcomes Research (VIGOR) study showed that the relative risk of a cardiovascular event with rofecoxib compared with naproxen was 2.38.

In the Celecoxib Long-term Arthritis Safety Study (CLASS) there was no significant difference in cardiovascular event rates between celecoxib and ibuprofen or diclofenac.

However, because the patient exclusion criteria were different for the two trials, the authors compared the myocardial infarction rates in the VIGOR and CLASS trials with the placebo group of a meta-analysis of trials using aspirin for primary prevention.

The annualised MI rate in the aspirin placebo group was 0.52 per cent compared with 0.74 per cent for rofecoxib in VIGOR and 0.8 per cent for celecoxib in CLASS.

The authors conclude that the data "raises a cautionary flag" about the risk of cardiovascular events with COX-2 inhibitors.

COX-2 inhibitors may lead to increased pro-thrombic activity by decreasing circulating levels of vasodilatory and anti-aggregator prostaglandins. However, their anti-inflammatory effects may also reduce atherosclerosis.

For more information:

JAMA.2001;286:954-959

... but prevent bowel cancer

Celecoxib is under trial to see if it can be used to prevent bowel polyps, which in a minority of cases may lead to bowel cancer.

Polyps produce cyclo-oxygenase 2, and celecoxib, a selective COX-2 inhibitor, may prevent the polyps becoming cancerous. The trial will last for three years and include around 2,000 patients.

Previous epidemiological studies have shown that people who regularly take non-steroidal anti-inflammatory drugs for arthritis have lower rates of colorectal polyps and death from colorectal cancer.

ONE RASH DECISION YOU WON'T REGRET

When it comes to eliminating sweat rash, you can't choose a more effective treatment than Canesten Hydrocortisone. That's why it's the number 1 pharmacy recommendation for sweat rash.[1]

Nothing is more reliable for rapidly soothing irritated, inflamed skin and clearing the fungal infection at the source of the problem.[2] Canesten Hydrocortisone makes common sense for sweat rash.

YOU AND CANESTEN CAN

Product Information for Canesten Hydrocortisone. Canesten Hydrocortisone cream contains 1% w/w clotrimazole and 1% w/w hydrocortisone. **Indications:** Athlete's foot and candidal intertrigo where co-existing symptoms of inflammation require rapid relief. **Dosage and Administration:** Apply thinly and evenly to affected area twice daily and rub in gently. **Contra-indications:** Use on face, eyes, mouth or mucous membranes; broken or large areas of skin; cold sores or acne; for treatment periods longer than seven days; hypersensitivity to ingredients. Do not use in the following unless prescribed by doctor: children under 10 years; pregnancy and lactation; on ano-genital area; to treat ringworm or secondarily infected skin conditions. **Warnings and Precautions:** Long-term continuous therapy to extensive areas of skin should be avoided. Avoid covering treated area with tight dressing. **Side-effects:** Local mild burning or irritation. Very rarely, patient may find irritation intolerable and stop treatment. Hypersensitivity reactions. **Legal Category:** P. **Cost:** £4.79. **MA Holder.** Bayer plc, Consumer Care Division, Newbury, Berkshire RG14 1JA. **Product Licence Number:** PL 0016/0216. **Date of Preparation:** May 2000

References:

1. IMS Health – Self Medication UK Feb 2000. 2. Liszkay M, Mohr CP. Haut 1995; 7: 1-10.

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explain

At Alpharma, we have adopted a new philosophy: To make life easier for our customers and the people who need our products. We call it accessible medicine.

Today's customers expect a lot. Many are not happy just to take a prescription. They want to know what it does, how it helps, what they could take instead. And they want to know now.

We think they are right. Because we put accessibility at the centre of all we do. It's why we are creating new, highly user-friendly packaging. Why we are completely redesigning all our patient information leaflets. And why we are working with our customers to help the consumer understand what generics really are.

Let us explain our new approach. Talk to your Alpharma representative, click on www.accessiblemedicine.co.uk or call us on 01271 311 200.

Alpharma Limited, Whiddon Valley, Barnstaple, Devon EX32 8NS

Frontshop

Davitamon Fem aimed at women

Davitamon Fem is a range of vitamins and supplements aimed specifically at women and launched by Chefaro.

The four variants are:

- Femnatal – suitable for women who are planning a pregnancy, are pregnant or breastfeeding. It contains vitamins B complex, C, D and E, minerals and 400mcg of folic acid.
- Femfit – a combination of vitamins B complex, C, D and E, minerals and supplements such as evening primrose oil and Co-enzyme Q10.
- Fembones – with calcium and vitamins D and K in a chewable orange formulation.
- Fembalance – a food supplement with evening primrose oil and vitamin E.

Davitamon Fem will be supported by a £500,000 marketing budget. The advertising campaign will start in January 2002 and run throughout the year.

Price : All variants £4.95

Pack Size: All variants 60 caps/tabs
Pip code: Fembalance 280-7873,Fembones 280-7881,Femfit 280-7907,Femnatal 280-7899
Chefaro Proprietaries
Tel: 01480 421800.

Resolve to be ready

SSL International has launched Resolve Extra in preparation for Christmas.Resolve Extra contains paracetamol 1,000mg, sodium bicarbonate 1,408mg and the extra ingredient is caffeine 60mg.The hangover remedies market for both pharmacy and grocer is worth £4.5m. Resolve has 61 per cent market share according to a recent Nielson survey.

Price : £2.75

Pack Size: 5 sachets
Pip code: 281-5546
SSL International
Tel: 0161 654 3000.

Bright ideas for training from Dulco-lax

Boehringer Ingelheim is introducing a Dulco-lax merchandising package and training programme for pharmacies.

The support package includes point of sale material for Dulco-lax Perles and Dulco-lax tablets.

A reflective back wall unit is available to display six packs of Duco-lax Perles. Green plastic counter top units combine a leaflet dispenser with the facility to display four packs if desired.Large showcards feature the Dulco-lax Perles bottle and microcapsules.

The company has also sponsored AHA Sales & Marketing's Constipation & Laxative Pharm-Assist Education Programme.

For more information:

Laser Healthcare. Tel: 01202 780558.

A joined-up way to easier breathing

Breathe Right nasal strips and Vicks have joined up to produce a mentholated nasal strip that helps to relieve congestion.

An adhesive strip, with a plastic backbone to dilate the nasal passages, is placed over the bridge of the nose. Scratching the strip releases Vicks vapours.

Three display units are offered, with cash incentives.

Launched this week, Breathe Right strips Mentholated will be supported by a TV campaign from December 25 to January 27.

Price: small/medium and large £5.99

Pack Size: Eight strips per pack
Pip code: small/medium 280-7725, large 280-7733
Ceuta Healthcare. Tel: 01202 780558.

Scriptlines

Inhalers are transparent

Trinity Pharmaceuticals has launched a dry powder inhaler with a transparent drug reservoir to allow patients to see how much of the drug is left. Pulvinal salbutamol delivers 200 mcg per dose and Pulvinal beclometasone dipropionate delivers unit doses of 100, 200 or 400mcg. It is designed for easy use: patients simply press, twist and inhale. The addition of lactose allows patients to taste their medication so they know a dose has been delivered.

Price: Pulvinal salbutamol 200mcg £5.05, Pulvinal beclometasone 100mcg £5.58, 200mcg £10.29 and 400mcg £20.41

Pack Size: Packs contain 100 doses
Pip code: salbutamol 269-7282, beclometasone 100mcg 269-7290, 200mcg 269-7316, 400mcg 269-7324
Trinity Pharmaceuticals Ltd.
Tel: 01484 604506.

Anapen for anaphylaxis

Lincoln Medical is introducing Anapen (adrenaline/epinephrine) and Anapen Junior as Prescription Only Medicines on September 17. Licensed as first-line treatment for acute allergic emergencies (anaphylaxis), they are available as single dose autoinjector products. Anapen contains 0.3mg adrenaline and Anapen Junior has 0.15mg.

Price: Anapen and Anapen Junior £22.44

Pip code: Anapen 282-0462, Anapen Junior 282-0470
Lincoln Medical Ltd.
Tel: 01722 410443.

Frontshop

Lynx revitalises shower range

Three new shower gels are being added to the Lynx range. The new varieties will be in addition to the existing fragrance-led range and are aimed at the unisex market. The new shower gels, designed to revitalise and refresh, are:

- Re-load, a "blue gel with suspended oxygen bubbles"
- Sunrise, an orange-based gel
- Transform, a reviving gel with red guarana.

To reinforce the difference from the existing range, the shower gels come in transparent bottles compared to the traditional black packaging.

A national advertising campaign to support the launch will run from October to December. It will include press, posters and point of sale. This will be part of a total advertising and PR spend of £14 million being spent on the brand in 2001.

Price : £2.19

Pack Size: 250ml
Pip code : Re-load 280-5844, Sunrise 280-5836, Transform 280-5869
Lever Fabergé

New lift for Born Blonde

Bristol-Myers aims to attract new, younger colorant users by introducing a new look for its Born Blonde range.

The repackaged range includes a highlighting kit, a lightener and five semi permanent toners.

Born Blonde Lightener has an improved lightening action and includes Healthy Shine Moisturising Balm for after-lightening conditioning.

The pack highlights the "gentle yet effective" two-step Born Blonde lightening process.

The Clairol Highlights kit has been relaunched as Clairol Born Blonde Highlights, including an instruction leaflet.

Price: Toner £3.99; Lightener £4.99; Highlights £5.99.

Pip code : See *C&D* Price List.
Bristol-Myers Co Ltd.
Tel: 01895 628000.

Foamburst in a handwash

A luxury liquid handwash designed for the bathroom has been added to the Imperial Leather range.

Foamburst Cleansing Wash is formulated to provide moisturising benefits and a rich creamy lather. It comes in three variants – Moisture Delight, Perfect Balance and Vitality C.

Price: £2.29

Pack Size: 250ml
Pip code: 282-6352 Moisture Delight; 282-6360 Perfect Balance; 282-6378 Vitality C.
Cussons (UK) Ltd. Tel: 0161 491 8000.

Facial sauna steams in

Pifco is launching the new Carmen Deluxe Facial sauna in mid-September. An added feature is that menthol crystals can be added to the water tray for relief of coughs and colds.

The sauna has a specially-designed facial mask, which is shaped to allow the steam to reach the oiliest section of the face in the "T-zone". The sauna has three vapour settings. The first is gentle and the second is for cleansing sensitive skin and nasal inhalations. The final setting provides steam to open up the pores.

The compact sized sauna incorporates a digital timer and a measuring beaker to ensure correct filling.

A complimentary set of Thalgo Professional skincare products is included with the pack.

The Carmen Deluxe facial sauna is available through all pharmacies.

Price : £24.99

Model: 1588
Distributor: Mashco Plc
Tel: 020-8204 2224.

Dry skin relief range

Revlon's dry skin relief range has been updated with new packaging, and a new addition.

The range now includes Revlon Dry Skin Relief firming body moisturiser, containing vitamins A, C and E, an SPF4 sunscreen and Revlon's exfoliating MPG complex.

Price: all variants £4.49

Pack Size: firming 200ml; normal, dry and sensitive 400ml
Pip code: firming 280-2445, normal 058-8640 dry 219-8463, sensitive 058-8657
Revlon International Corporation.
Tel: 020-7284 8700.

Scriptlines

Periostat tablets now available

Collagenex has introduced Periostat tablets (doxycycline 20mg) as adjunctive therapy in the treatment of adult periodontitis. Doxycycline tablets 20mg are only included in the Dental Practitioner's Formulary in England and should not be prescribed on the NHS in Wales.

Price : £16.50

Pack Size: 56
Pip code: 282-1031
Collagenex International Ltd
Tel: 01844 218989.

Zoladex licensed for breast cancer

Zoladex (goserelin) now offers an alternative to chemotherapy for women with early breast cancer. It is now licensed as a hormonal treatment immediately following surgery for oestrogen receptor positive patients with early breast cancer.

For more information:

AstraZeneca UK Ltd.
Tel: 01923 266191.

Roche pricing correction

Roche's new Active Glucose Solution is £6.50, not £36.50 as stated in *Script Specials, C&D, August 18, p8*. "Softclix II" lancets have been listed as "Softclix" lancets in the Drug Tariff since the beginning of the month.

For more information:

Roche Diagnostics
Tel: 0800 701000.

NovoRapid for infusion

NovoRapid is now licensed for continuous subcutaneous insulin infusion (CSII) in suitable pump systems. Only the 10ml vial presentation is approved for CSII. Further amendments include:

- Administration by infusion in the abdominal wall has been added to the list of subcutaneous injection sites.
- When used with an insulin infusion pump NovoRapid must not be mixed with any other insulin.

For more information:

Novo Nordisk Ltd.
Tel: 01293 613 555.

ew
50g tub

Prescribing Information

E45 Cream is a white smooth emollient cream containing white soft paraffin 14.5% w/w, light liquid paraffin 12.6% w/w and hypoallergenic anhydrous lanolin 1.0% w/w.

Uses:

For the symptomatic relief of dry skin conditions, where the use of an emollient is indicated, such as flaking, chapped skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain dry cases of psoriasis.

Dosage and administration:

Adults, children and elderly: Apply to the affected part two or three times daily.

Contra-indications:

E45 Cream should not be used by patients who are sensitive to any of the ingredients.

Undesirable effects:

Occasionally, hypersensitivity reactions, otherwise adverse effects are unlikely, but should they occur, may take the form of an allergic rash. Should this occur, use of the product should be discontinued.

Package quantity:

350g Tub.

Recommended Retail Price:

£6.49

Legal category:

GSL

Product licence number:

PL 0327/5904

Product licence holder:

Crookes Healthcare Ltd, Nottingham NG2 3AA

Date of preparation:

July 2001

Big is better

ow there's plenty of room for your sales to grow, because clinically proven 45 Cream is available in a new bigger 350g tub. Which is great news for our customers, because using more of the No.1 emollient cream means even etter results. So stock up now. After all, you can't have too much of a good thing.

White Soft Paraffin, Light Liquid Paraffin, Hypoallergenic Anhydrous Lanolin

Frontshop

Heinz beefs up its organic range

Heinz is revamping its babyfood range in an effort to meet the different preferences of today's mums.

Fifteen new organic recipes will be introduced on September 17, bringing the Heinz organic offering to 35 varieties.

The new organic line-up includes eight jars for babies from four months and seven jars suitable from seven months.

Also new in the organic range is Mixed Berry Burst – a dried baby-breakfast and Pear & Blueberry and Apple & Pear Baby Juices suitable for babies from four months.

New packaging features green colour coding for the standard range and orange for organic.

Heinz is also targeting those consumers who rarely buy prepared babyfood with its Simply Fruit and Simply Vegetable range.

These organic fruit and vegetable products come in transparent plastic pots. Four fruit and four vegetable varieties will be available to order from October 17 (rsp £0.74, 120g).

The range uses simple blends cooked by a much gentler process than conventional babyfood to give a taste and texture similar to homemade food. The shelf life for these products is nine months.

Heinz babyfoods will be supported by a £3 million marketing package including press advertising from October and sampling through Bounty packs.

● Fun biscuits nutritionally appropriate for babies from six months are being launched in the Farley's range.

Farley's Bear biscuits are individually wrapped and come in packs of five (rsp £0.89).

Five new Farley's Cereals will also be introduced, including Banana Wake-up and Apricot Muesli.

For more information:
Pip code: see *C&D* Price List
H J Heinz Co Ltd.
Tel: 020 8573 7757.

Red riches for autumn

Two new red shades are being introduced in Clairol's Lasting Color range for autumn.

Deep Auburn Red and Dark Mahogany Red have been specifically formulated for the UK market.

Both shades will add rich red tones to the natural hair colour as well as covering grey.

The formulations contain vitamin E and wheat protein to help leave the hair in good condition.

Price: £4.99
Pip code: 280-9168 (Deep Auburn Red); 280-9176 (Dark Mahogany Red)
Bristol-Myers Co Ltd.
Tel: 01895 628000.

Inbrief

Lemsip Children's Vapo-Patches

Reckitt Benckiser's new Lemsip Children's Vapo-Patches are suitable for children aged from two years and not three months as published in last week's *C&D (p32)*.

Price : £3.69
Pack Size: five patches
Pip code: 281-4770
Reckitt Benckiser plc
Tel 01482 326151.

Active support for Elastoplast

Elastoplast Active Gel Strip will b in the public eye this autumn supported by a £150,000 press advertising campaign. Appearing throughout September and October, the campaign is targete at active adults aged 18-44.

For more information:
Beiersdorf UK Ltd.
Tel: 0121 327 4750.

Unwinding pain with Anadin

Whitehall has produced a new Anadin guide designed to help pharmacy customers to manage pain. *A Guide to Unwinding Pain* encourages customers to consul pharmacists regarding alternative methods of dealing with pain, eg TENS and acupuncture. Eye-catching Anadin holders are available to display the booklet.

For more information:
Whitehall Laboratories Ltd.
Tel: 0845 111 0151.

Cow & Gate's new arrivals

Nutricia is responding to increasing demand for organic babyfood by launching a new Cow & Gate range of organic packet meals, rice cakes and ready-to-drink baby juices.

Cow & Gate Organic dried foods include Pure Baby Rice (rsp £1.59, 100g), three breakfast meals – Apple & Banana Muesli, Creamed Porridge, Oat & Apple Cereal – and two savoury meals – Vegetable Risotto and Garden Vegetables (rsp £2.09, 100g). All packet meals are suitable for babies aged from four months.

New too in the same range are Pure Baby Rice Cakes (rsp £0.89, 40g) for babies aged from six months, and Ready-to-Drink Pure Diluted Baby Juices (rsp £0.59, 125ml) for babies aged from four months.

Pip code: See September Price List
Nutricia Ltd.
Tel: 01225 768381.

TV next week

Bassett's Soft & Chewy Vitamins: GMTV, C5

Clearblue Pregnancy Test: G, A, W

Full Marks Mousse: All areas, C4 & Sat

Hedex: Sat

Listerine: All areas

Oxy: All areas except U, CTV

Senokot: All areas

Solpadeine: GTV, STV, B, G, Y, C, HTV, TT

PharmaSite for next week: Calpol Fast Melts – Window, **Calpol Fast Melts** – In-store, **Canesten Once** – Dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Filling the gap in the dental market

h a series of product category eviews, Information Resources nalyses the oral care market in harmacies. Each month, a ifferent pharmacy expert omments on how the product ategory is performing

n the UK, the oral care market is orth in excess of £551 million. owever, as manufacturers and etailers struggle to gain a share, here has been extensive price-utting and promotional activity, nd market value has declined by 1 er cent in the last year.

While much of this decline can e attributed to an increasingly ompetitive in-store environment, olume sales have also declined, own 3.3 per cent.

Fierce competition in the othpaste market has driven down ices and the introduction of attery brushes – which need less aste – is doing the same for olume sales of toothpaste.

Pharmacy sales are relatively atic, with value sales up 0.6 per ent but volume sales down 0.9 per ent. This value growth reflects ghtly higher pricing in chemists, hile volume declines can be ributed to people switching to ying from the supermarkets.

In pharmacies, the non-edicated mouthwash sector is minated by Warner Lambert – sterine and Listermint hold the o two positions, with 37 and 17 r cent shares respectively.

Despite a decline in sales for sterine, down 8.4 per cent, the roduction of a new variant – Listerine Tartar Control – has helped boost the brand and improve sales.

Colgate-Palmolive and GlaxoSmithKline (GSK) have also seen growth with their top brands Plax (+3.9 per cent) and Sensodyne mouthwash (+3 per cent).

The medicated solutions sector tends to be targeted at very specific problems such as gum disease and halitosis. The sector is dominated by two brands, accounting for 64 per cent of sales. Corsodyl from GSK and Oraldene from Warner Lambert have 42 per cent and 22 per cent shares respectively.

The top four brands have seen slight declines in the last 12 months, with growth coming from a number of smaller products from Colgate, Peroxyl (+16 per cent) and Chlorohex 1200 (+21 per cent) and Eludril (+18.3 per cent) from Ceuta Healthcare.

Since acquiring Stafford Miller, GSK holds the number one brand position within denture fixatives. Poli Grip has 35 per cent of the market and sales of £2.6m, and annual sales growth of 5.2 per cent.

In second place, Fixodent from Procter & Gamble accounts for 19.4 per cent of the category's sales and has grown by 10 per cent.

The intense competition in the oral care market means consumers benefit from a constant stream of "new" and "improved" products and extensive price-cutting and heavy promotion-based selling.

But for pharmacies, this means it is an increasingly tough market in which to operate. Pharmacies must seek out opportunities to improve their service and range in order to defend their share.

Top oral hygiene categories

Value sales % change vs year ago in chemists excl Boots

Top pharmacy brands

Toothpaste
1. Colgate
2. Sensodyne
3. Macleans
4. Aquafresh
5. Eucryl

Toothbrushes
1. Oral B
2. Colgate
3. Wisdom
4. Aquafresh
5. Sensodyne

Medicated Mouthwash
1. Corsodyl
2. Oraldene
3. Difflam
4. Colgate Fluorigard
5. Colgate Peroxyl

information resources

an Bray, Marketing Director, AH Pharmaceuticals

"High NHS fees and the onsequent rise in the number of entists moving into private ractice has led to heightened onsumer awareness about the eed to look after their teeth.

Increasingly, consumers are oking for preventative care and uthoritative advice when it comes their dental hygiene.

harmacists are ideally placed to elp.

Growth is predicted in the llowing segments: medicated outhwash, standard mouthwash, enture fixatives and power-ssisted toothbrushes.

Toothpastes take the lion's share of the market, with brands such as Sensodyne, Colgate and Macleans leading the way.

However, the real growth area for this segment is in "whitening" products, which have shown a 38 per cent increase in sales and an impressive year-on-year performance.

As customers look more towards prevention, the pharmacists' credibility to provide professional advice will ultimately be demonstrated by the range of products and in-store merchandising.

Pharmacists have a huge role to play within the wider NHS picture and as such they should be constantly seeking ways in which they can provide the best healthcare support to their professional colleagues in other areas, as well as service to the community.

We recommend pharmacists contact their local dentists to discuss ways in which they can best work together to improve the dental health of the community. In particular, if a dentist within a pharmacists' area provides very specialist services it makes sense to stock any support products to encourage referral sales.

Consumer information leaflets reinforce the perception of your pharmacy as an authoritative source of advice for in-between dental visits."

Ian Bray: look for ways to provide extra support

Advice on treating head lice infestation has changed in recent years. Are you following the mosaic approach with your patients? Charles Gladwin reports

SSL International

A piecemeal ap

It's that time of year again. The nights are drawing in, the leaves are starting to change colour, and mums are dragging kids with lice into the pharmacy.

The lice epidemic seems to have lost its seasonality and has become a year-round problem. Even so, with the new school year in its fledgling days, there will be a batch of children who will be exposed to lice for the first time, as well as those who might have had six weeks free of the pest only to be re-exposed.

Coupled with the concerns of anxious parents is the fear that overuse or inappropriate use of insecticides is allowing resistance to develop. Another issue is that there may still be pockets around the country where the current guidelines have not yet been adopted.

These were publicised in the *MeReC Bulletin (Vol 10 No 5, 1999)* (available online at *www.npc.co.uk/merec.htm*) and point out that the policy of rotating insecticides on a regular basis within an area is no longer recommended.

Instead, the National Working Party recommends that a three stage approach be adopted. This involves:

- detection
- treatment
- follow-up treatment.

"Head lice treatment should not be prescribed unless a living, moving louse is detected," MeReC stresses.

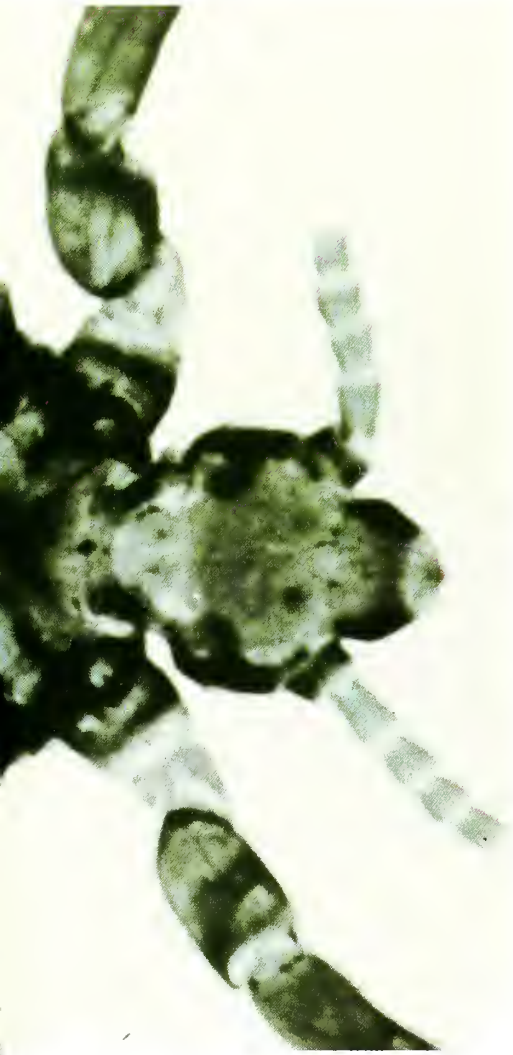
As a health professional, you should either see a living louse on the head in question or ask for a specimen louse to be brought into the pharmacy, for example on a piece of sticky tape.

Bear in mind that it is common for lice to be misdiagnosed by people believing dandruff or itching or eczema to be signs or symptoms of lice.

Wet combing, using a fine toothed comb, has been promote in recent years as the best metho of detecting lice. A *British Medi Journal* paper (November 11, 2000; 321: 1187-1188) compare traditional scalp inspection wit wet combing and found that 30 per cent of "positive" results a 10 per cent of "negative" resul were false using the dry metho when compared to the wet method.

However, the authors had to assume that wet combing was indeed the best method of detection in comparing dry an wet detection methods.

With such a variance in fals readings, whether positive or negative, the authors say: "To many lice-free children receiv unnecessary treatment, and t many infestations escape



An enlarged view of a head louse: treatment should not be initiated unless a living, moving louse is detected

oach

etection, jeopardising the control an epidemic."

The BNF acknowledges wet mbing can "involve meticulous mbing - probably for at least 30 inutes each time - over the whole alp at four-day intervals for a inimum of two weeks".

The *BMJ* authors add: "The ld standard character of wet mbing for detection of head lice eds confirmation to legitimise e extra logistic effort of reening campaigns that use wet mbing."

However, wet combing may er one solution for people posed to using chemicals. As concerns about resistance to ecticide are growing, it is portant that chemical treatment lice should only start once ng lice have been detected. To replace the rotational policy head lice treatments the rent guidance is to use the "mosaic" approach. McReC explains: "This involves applying a particular insecticide and then repeating one week later. If live lice are detected on follow-up assessment, another insecticide from a different chemical class is used. If this fails, then a third choice may be required."

As no insecticide has been demonstrated to be more effective than any other, local guidance should be sought to see if there is any resistance to a chemical before making the choice of product.

Some areas may also prefer to use mechanical clearance with a fine tooth comb as the first approach in the mosaic method.

The pharmaceutical formulation of the product may also have some bearing on choice.

- Lotions with an alcohol base are not suitable for young children, or

Continued on page 34 ▶

Product news

Full Marks

Pharmacies should be seeing the benefits of SSL International's biggest ever national television campaign for Full Marks Mousse.

The four-week £750,000 campaign running on ITV, Channel 4, GMTV, Channel 5 and BSkyB started on August 20 and has another week to run.

It is being supported by in-store marketing material including window displays, counter point of sale and shelf edgers.

SSL has issued an educational leaflet for pharmacy assistants explaining the recommended three step approach to tackling head lice – detection, treatment and making sure. A leaflet for parents, *Head lice - a head start* is also available.

Last month's extensive advertising campaign for Full Marks Mousse was supported by a variety of in-store marketing materials

SSL has also launched a Full Marks comb for wet combing hair and detecting lice. The Natruclear Easy Grip Comb is metal-toothed, with an ergonomic design to make wet combing hair to detect lice easier. It has a rrp of £3.75.

The company recommends pharmacists advise parents of their responsibility to inform other parents with whom their children have been in contact that they have detected head lice and recommend they check their own children's heads to see if they too have been affected.

"It is important to reassure parents that catching head lice is normal and that at any one time, a group of children in the community is likely to have it. Parents need to be vigilant and keep checking their children's heads – detection by wet combing."

Tel: 01565 625000.

Wet combing colours

Comb-a-Way combs, designed for the "wet-combing" method of removing head lice, have been launched in three different colours. The company has also added a cord to the design "so that the combs can be located next to the toothbrush rack".

Comb-a-Way is planning a new range of wall display posters for the autumn, as well as providing POS material.

www.combaway.co.uk

Tel: 01732 522357.

Head lice to go

Community Hygiene Concern has issued a new demonstration video, *Head lice a go go.*

The video demonstrates lice detection, why attempts to get rid of head lice often seem to fail, and how to check to see if a treatment has been effective. In addition, the video deals with different hair types and demonstrates use of the Nit Buster comb.

Demonstration videos are available, priced at £9.95 from CHC, 6-9 Manor Gardens, London N7 6LA.

bugbusters2k@yahoo.co.uk

www.nits.net

Tel: 020 8341 7167.

"Ask for a specimen louse to be brought into the pharmacy, for example on a piece of sticky tape"

Continued from page 33

those with asthma or eczema. However, alcohol-based insecticides are considered to be less likely to cause resistance and should be used where possible.

- Water-based liquids are suitable for everyone, but may be less effective than lotions. Be aware that cream rinses may also contain some alcohol.
- Shampoos are not recommended as they are considered ineffective.

After the treatment has been used twice at an interval of a week, a detection comb should be used two to three days after the final application.

"Only if live lice are present (as assessed by a healthcare professional) should treatment be considered to have failed," says MeReC. "The presence of nits or eggs does not indicate failure."

In terms of resistance, the guidance says genuine insecticide resistance needs visible evidence of both live young and adult lice 24 hours after using the insecticide. The presence of only young lice could be due to eggs hatching after the treatment, so does not indicate resistance. If only adult lice are detected, this is likely to be due to re-infection from an unidentified source.

Insecticides must not be used prophylactically against head lice infestation.

In addition to the MeReC bulletin, the Public Health Medicine Environmental Group has issued a comprehensive report on head lice, *Head Lice: a Report For Consultants in Communicable Disease Control (CCDCs)*.

This contains information on lice, the nature of the problem, responsibility for the control of lice, diagnosis, prevention and treatment, as well as notes and guidance for a variety of health practitioners and settings.

This includes advice tailored for the primary care team, community pharmacists, school nurses, head teachers, as well as families.

"Local pharmacists should inform themselves of local district policies and protocols and should adhere to them. Every opportunity should be taken to give accurate information to the public," says this guidance.

"Customers should be dissuaded from the inappropriate, repeated, or unnecessary use of insecticidal preparations."

Hints and Tips

- Consider nominating a member of staff to be responsible for advising on head lice problems.
- Liaise with local surgeries, school nurses, health visitors, schools, infection control nurses and consultants in communicable disease control (CCDC).
- Do not refer patients to the school nurse.
- Seek the advice of the local CCDC on the appropriate preparations. Generally, malathion or one of the pyrethroids should be considered as the first line treatment, with carbaryl as a second line treatment.
- Different formulations of the same active ingredient may have different efficacies. If the first treatment has definitely failed, it may be useful to try the same active ingredient but in a different formulation.
- Be wary of supporting the use of electronic combs, repellent sprays or chemicals not specifically licensed for the treatment of head louse infestations.

www.fam-english.demon.co.uk/phmeghl.htm

Product news

Nitty Gritty

Nitty Gritty, an essential oil approach to trying to remove head lice, is offering existing independent stockists the opportunity to receive four products for every three ordered.

New stockists will be offered one extra product free for every six ordered. In addition, all independent pharmacies will be given shelf wobblers and free children's activity books while stocks last.

Nitty Gritty is available in two formats. The Nitty Gritty Head Lice Kit has a solution containing tea tree, neem and other essential oils in a nut-free base with added wheatgerm to condition the hair, as well as a double-sided fine tooth comb and information leaflet. Nitty Gritty Repellent Spray contains neem, traditionally used as an insect repellent, and other essential oils.

As well as selling through independents, Ceuta Healthcare will be introducing the products into 70 Asda stores this month.

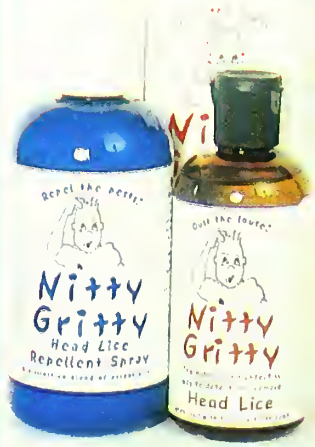
E-mail: enquiries@ceuta-healthcare.co.uk
Tel: 01202 780558.

Nit nurse

Inline Cosmetics is launching an aromatherapy product into pharmacies to help ease the mechanical removal of head lice.

Nit Nurse contains a blend of neem oil, tea tree oil and eucalyptus oil. Previously only available on a television shopping channel, it comes with a comb (£6.99), or with an anti-tangle shampoo and conditioner (£12.99). The shampoo and conditioner can each be sold separately (£3.99).

E-mail: milesgroup@btinternet.com
Tel: 01484 852411.



Essential oils from plants are often seen as having more "natural" curative properties. Nitty Gritty contains essential oils such as neem, which has traditionally been used as an insecticide

Nice'n'Clear

Nice'n'Clear is another product intended as a head lice repellent using neem oil.

All the major wholesalers have a 10 per cent discount on the product this month, and a flyer has been sent to independent pharmacies offering two free bottles. Where the pharmacy is an existing Nice'n'Clear stockist, the form can be faxed back to request the bottles; otherwise call Natural Sciences on 01597 823964.

Natural Science claims that neem works by making the louse unable to lay eggs. It is also believed to enter the eggshell and affect the normal hormonal growth of the nymph, preventing it from developing properly.

Nice'n'clear had a kill rate of

Continued on page 36

Healthy feet can mean healthy profits

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*industry average 25%

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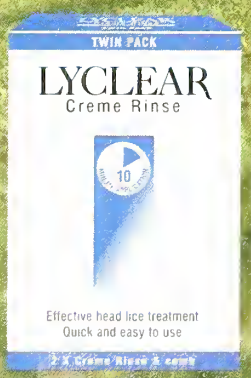

Permethrin

tation: 1% permethrin in an orange creme rinse base. **Uses:** Treatment of head lice ns. **Dosage and administration:** Adults and children over 6 months: wash, rinse el-dry hair. Apply enough Lyclear Creme Rinse to saturate the hair and scalp, leave inutes then rinse. **Contra-indications:** Hypersensitivity. **Pregnancy and lactation:** Under medical supervision. **Side effects:** Generally well-tolerated, rarely scalp irritation. **RRP:** 59ml £3.79. 2x59ml £6.99. **Legal category:** P. **Further information:** Warner Lambert Consumer Healthcare, Chestnut Avenue, Eastleigh SO53 3ZQ. **Product licence number:** 15513/0019. **Date of preparation:** July 2001.

Continued from page 34

Neem oil is a key ingredient of Nice 'n Clear, from Chemist Brokers

100 per cent on eggs and 92.2 per cent on lice after the second application, says Natural Sciences.

The product is available from Chemist Brokers priced £7.99 for 200ml. Moss Pharmacy will be listing the product in about half of its shops from October 8.

www.lice.co.uk
Tel: 01597 823964.

Problem scalp can begin at puberty

Seborrhoeic dermatitis of the scalp can present as anything from mild dandruff through to a thick scale.

Other than in infants, when it is known as cradle cap, the problem is most likely to appear post-puberty. Seborrhoeic dermatitis, which is estimated to affect about 3 per cent of the population, will occur where there are high densities of sebaceous glands, commonly in hair-covered areas.

While the true cause is not known, it is suspected a yeast, *Pityrosporum ovale*, is associated, as seborrhoeic dermatitis responds to anti-fungal treatment.

Seborrhoeic dermatitis conditions are also likely to develop in other conditions, including immuno-compromised states like HIV, and central nervous system disorders such as Parkinson's disease. Men are also more likely to suffer than women suggesting androgenic activity is involved.

Treatment may seem paradoxical to some patients who may believe the dry, scaly symptoms are due to excessive use of shampoos. Sufferers can believe the itching and dry flakes will worsen so will cut down on shampooing their hair. However, this means the scale can accumulate and the situation can worsen.

Stubborn scurf

Last September Stiefel launched Oilatum Scalp Treatment Shampoo to help deal with itchy flaky scalps.

Since then, the product has been supported with a consumer media campaign, including

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Tel: 01254 — 830292 E-mail: petew@free internet.co.uk

dvertising, PR and direct mail. The company says over 30,000 eople have requested samples of he product and these were offered ouchers for 75p off a pack.

Stiefel points out that a survey lentified flaking as the worst ymptom for 35 per cent of ufferers with a flaky sealp ondition, while 30 per cent said it as the ensuing itchiness that was heir main concern.

Pharmacists or pharmacy ssistants wishing to sample the roduct can call 08000 783 6699 or rite to Pharmacy Sample Offer, Freepost, SEA 8501, Twickenham W2 6BR. Alternatively, contact our local Stiefel representative.

Stiefel is also updating the range resentation, and has repackaged he 50ml size to match the 100ml ize with waisted-shaped bottles. Leaflets and shelf-edgers for Oilatum Scalp Treatment hampoo are also available.
ww.oilatum.co.uk/scalp
-mail: general@steifel.co.uk
el: 01628 524966.

Nizoral ADS ads

Nizoral Anti-Dandruff Shampoo ill feature in a high profile dvertising campaign. The £500,000 campaign will run in the national press and on radio.

Johnson & Johnson.MSD Consumer Pharmaceuticals is also promoting its website for health professionals at *www.dr-dandruff.com*
Tel: 01494 450778.

A conditioner is now available to complement Vosene shampoo

Vosene gets into conditioners

Wella launched an anti-dandruff conditioner into its Vosene range earlier this year.

Wella Vosene Anti-Dandruff Conditioner was billed as the UK's first ever anti-dandruff conditioner, and contains the anti-dandruff ingredient climbazole.

Launching the product in March, Wella said that the medicated sector had been declining and was down 3.7 per cent year on year.

However, it hoped its new conditioners would drive category growth, particularly when 30 per cent of the population (47 per cent within that being women) use conditioners. Further, 5.7 million people who have dandruff do not use a medicated shampoo, in part because there are no matching conditioners available, believes Wella.

Despite the downturn in the medicated shampoo market, Wella Vosene has grown 28 per cent since the brand was relaunched with new shampoo variants in 2000 (IRI January 28, 2001).
www.wella.co.uk
E-mail: info@wella.co.uk
Tel: 01256 3202020.

Regaine's formulation is based on minoxidil, believed to act as a potassium blocker, although the exact mechanism is not understood

Regaine gets gold

Earlier this year Regaine won the Direct Marketing SMART award for its customer loyalty programme.

The scheme has been designed to tackle embarrassment in discussing hair loss in men and women. Press, television and radio advertising is used to encourage potential customers to telephone Regaine's hair advisory service. The call centre or website will allow people to locate pharmacies stocking Regaine, and customers are then sent direct mailings to encourage an initial purchase.

Because of the product's defined dosage, users are contacted when the product is just running out to encourage repurchase.

latum's scalp treatment shampoos are intended to help bring relief to ose suffering from flaking and itching scalps.

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CARNATION FOOTCARE

Gone today, hair tomorrow

Should hair loss and hair thinning treatments really be included in the category of lifestyle medicines?

Towards the end of the last century, the buzz word relating to new medicines was "lifestyle" drugs.

The inexorable rise of Viagra stimulated media hype for drugs such as Orlistat for obesity and Propecia for baldness. The cost of these new medicines also entered the debate as it was questioned whether the NHS should have to pay for treatments which some would say were lifesaving and others would say were merely cosmetic, although not ineffective.

Merck's approach to the UK market was a bit of a surprise when Propecia (finasteride) hit the headlines. Its approach was that it would not market the drug in the UK until it had been "blacklisted" on the NHS. For a drug that had generated some serious income in other parts of the world, and especially the USA, this was an unexpected stance to take.

But Merck has defended its action, saying that it does not believe that Propecia should be prescribed at the expense of the NHS. This was in January 2000.

The Department of Health, still reeling from the hype which surrounded Viagra, was pleased to go along with Merck's proposal and carried out a consultation about blacklisting Propecia under Schedule 10 of the NHS (GMS) Regulations.

Consultation was completed in August 2000 and Propecia was admitted to Part XVIIIA of the Drug Tariff, both as the proprietary brand name and as the drug name in the 1mg strength as indicated for use in hair loss. Finasteride at the higher dose used for prostate problems is not blacklisted.

One year on, Propecia has not yet been launched in the UK for private prescription. Merck says that it is still in the process of briefing doctors and pharmacists about the drug, which is licensed for the treatment of men with male pattern hair loss to increase hair growth and prevent further hair loss.

Unlike minoxidil (Regaine), a "lifestyle drug" apparently before the term was invented, finasteride cannot and must not be used by women who are or may potentially be pregnant. This is because finasteride, as a 5-alpha-reductase inhibitor, may inhibit the conversion of testosterone of dihydrotestosterone (DHT). In turn, this may cause feminisation of male foetuses.

Androgentic alopecia is caused by androgens in genetically susceptible people, the European Hair Research Society heard at its 2001 conference. In susceptible hair follicles, DHT binds to androgen receptors, which activate the genes responsible for the gradual transformation of "large terminal" follicles to miniaturise follicles.

Androgenetic alopecia occurs where there are more androgen receptors, higher levels of 5-alpha-reductase and lower levels of another enzyme aromatase. The overall effect is for the miniaturised follicles to produce shorter and finer hairs.

But the key concerns about finasteride causing feminisation a male foetus contraindicates its use in women who are or may become pregnant. Precautions extend to women not handling broken or crushed tablets, and men taking finasteride using a condom to avoid transferring th drug in semen.

This will be an important fact when finasteride becomes availa in the UK for hair loss and thinning. Currently, the higher dose is available for benign prostatic hyperplasia and the old age group of the main users wou suggest there is less of a risk.

But when supplied for hair los a younger group of men will be wanting to use the product, so it will be important to stress the need for appropriate precautions

The need for precautionary advice is evident on a UK websi which offers men the chance to buy Propecia. Menscare Service at *www. secure.adyx.co.uk /mcssecure/propecia/waiver.htm*, includes a medical waiver. Buyer are asked to agree that they understand the statements:

"You must never let a female directly handle the tablets due to the hormonal content" and

"If there is a chance of pregnancy, a condom should be worn during intercourse as Propecia can be concentrated in the semen."

More patient information, tailored to US users, can be seen on the Merck website at *www.merck.com*.

"People will perceive men with full heads of hair as more dominant and masculine than bald men of the same age"

Current research

Minoxidil's effects on hair growth are ascribed mainly to i role as a potassium channel-blocker, although the exact mechanism is not understood.

Research at the University o Bradford is trying to shed light on this. Studies there have foun that the in-vitro effects of minoxidil can be inhibited by t potassium channel-blocker tolbutamide. In-vitro tests had already shown that tolbutamide could retard follicle growth.

Other drugs shown to have a effect on hair growth are diazoxide, which stimulates growth and is used in hypertensive emergencies wher highly active anti-retroviral therapy (HAART) drugs, and especially indinavir, lead to hai loss.

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Roger Brown

Roger Brown has been appointed to the board of Sants Pharmaceutical Distributors as sales director, succeeding John Hine who has retired after 22 years service. Mr Brown was formerly a board member with Phoenix Medical Supplies where he was responsible for wholesale sales and marketing.

Two of AAH's regional distribution centres have new branch managers: **Martin Ledger** is now in charge of Southampton while **Mark Fryer** is responsible for the Bristol branch.

Organisational changes at Lancaster Group UK mean that **David Daniels,** former managing director of the UK business, has been promoted to general manager and vice-president of marketing services for Lancaster Group Worldwide from the beginning of October. **Lorna Dennington** will be the new marketing director for the Lancaster Group and **Nirmal Madahar** has been appointed to the newly-created role of display and visual merchandising manager.

Beatson Clark, the glass container manufacturer, has recently appointed **Janice Curran** as account manager and **Steve Baxendale** as sales support manager.

Robert Davies has been appointed as acting chair of Iechyd Morgannwg Health Authority in Wales.

Moss Pharmacy's pre-registration and overseas pharmacists celebrated the end of their training with a dinner at the Selsdon Park Hotel and Country Club, Croydon. The evening also provided an opportunity to congratulate the winners of the "Pre-Reg of the Year" competition, sponsored by Reckitt Benckiser. The winners were Gillian Battison, Collette Mellan and Doreen Ng. Moss Pharmacy's managing director Steve Duncan said: "We wish all the pre-reg students luck in their future careers in pharmacy."

On top of the world

Rachel Griffin: beat 6,600 others

Rachel Griffin, one of UniChe first graduate trainees, has beat 6,600 other students worldwide come top in the Chartered Institute of Management Accountants final stage exams.

Rachel joined UniChem's accountancy department in January last year and has now b promoted to retail financial analyst.

Double trouble in the pharmacy

James Allan, who supplied us with a list of arrivals for the Pharmacists' Ball *(C&D, July 7, p30)* has handed us another challenge: a combination of two drugs to produce an interesting outcome! Mr Allan suggested Aricept and Viagra to give users a night to remember. Here are a few others:

- for sweet dreams try Glueagen and Zimovane
- Viagra and Senokot will let you come and go as you please
- or how about Nostroline and tragacanth so you can pick and mix?

Write to us or e-mail your suggestions to *chemdrug@cmpinformation.com* A bottle of bubbly will be awarded for the best entry.

Earthquake relief fund update

The Oshwal Pharmacists, as members of the Gujarat Earthquake Relief Fund, have helped to raise over £300,000 for those affected by the Indian earthquake in Gujarat and Kutch.

GERF representatives have visited the area and recommended three projects to be adopted for immediate action, including the rebuilding of Ninama village in Sayla Taluka, 500 metres from the faultline.

- The Oshwal Pharmacists own over 150 independent pharmacies in the UK and have donated over £250,000 to deserving causes.

For more information:
Tel: 020 8446 6604.

A legend in her own lunchtime?

Michelle Luxford, of Lloydspharmacy in March, near Cambridge, was the lucky winner of the Benylin Microsite competition. Her prize included a to London to see the musical *Mamma Mia*, followed by lunch in a top restaurant the following day. Above, Michelle receives her prize from Jo Makin, representative for Warner Lambert Consumer Healthcare, watche by pharmacist Nikunj Patel

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For colds and catarrh

Contains menthol with natural essential oils.

Happinose Trademark and Product Licence held by Diomed Developments Ltd, Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD18 7JJ, UK **Directions:** For adults, blow the nose before application Carefully apply 1 cm of Happinose inside each nostril using the little finger and inhale Re-apply every four hours or as required. For children 10 years and over, as above, but use up to ½cm. For children between 5-9 years, as above, but use up to ¼cm **Indications:** For the symptomatic relief of nasal congestion associated with the common cold, catarrh, head colds and hayfever **Contra-indications:** Do not use on children under the age of 5 years Not to be used in cases of sensitivity to any of the ingredients **Precautions:** FOR EXTERNAL USE ONLY Keep away from the eyes. Keep out of the reach of children. Hands should be washed after use **Legal Category:** GSL **Packs:** Happinose (PL 0173/0177) – 14g RSP £3.45 (£2.94 exc.VAT).

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